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ART. I.—*Some account of Erysipelatous Fever as it occurred in Whitesburg and its vicinity, Madison county, Alabama, during the Spring and Summer of* 1844. By PRESTON CAPSHAW, M.D., of Whitesburg, Ala.

Whitesburg is situated eleven miles south of Huntsville, on the north bank of the Tennessee river. It is a place of little importance, except as a landing for *flat-boats*, and a point for the shipment of cotton, &c., to New Orleans.

The country in the vicinity, is diversified—on the east we have a ridge of mountains making in towards the river, while to the north and west are a few scattering spurs and knobs rising from a general plain but little elevated above the banks of the river. This plain is so much cut up with ponds and sloughs, as to have given currency to the local appellation of *Pond Beat.* During high tides in the river about one sixth of the surface is subject to inundation. The lands not occupied by mountains and free from overflow are generally of

good quality, and mostly reduced to cultivation. The inhabitants number about 900, two-thirds of whom are slaves, employed in the production of cotton. The prevailing diseases are of malarious origin, and *chills* are so common, that few are so fortunate as to escape them a whole year.

Geological position.—The diluvial surface is underlayed by the common grey cherty limestone of the carboniferous system. It also occupies the base and body of the mountains. and seems to rest in a horizontal position. The mountains are capped with *outliers* of sandstone (intermixed in places with conglomerate water-worn pebbles) which varies in thickness from 50 to more than 200 feet, and probably *dips* a few degrees eastward.

The limestone abounds in fossil remains, among which are species of the Cyathophyllum, Columnaria syringipora, Encrinites. Pentacrinites, Platycrinites, Pentremites, in abundance, Terebratula, Productata, and a great many others common to this system. In the sandstone we find Lepidodendra, Calamites, Sigillaria, &c., with seams of bituminous coal, and fossil charcoal.

The botanical productions differ in nothing material from other places similarly situated, in the same latitude.

With this brief preface, I shall proceed at once to the object of my communication.

About the 20th of March, a negro woman, belonging to Mr. Edwards at Whitesburg, was attacked with erysipelatous inflammation of the face and head, attended with high fever. sore throat, and other symptoms characteristic of this form of disease. She had been in the service of Mr. Edwards only a few days when attacked, and did not know when or how she contracted the disease. Mr. Edwards attended to the administration of medicines to the negro woman, and was himself attacked about the first day of April. His affection was much like the negro's. On the 13th or 14th of April, three children at Mr. Hill's were simultaneously attacked. On the Sunday preceding their attack, (just a week) they had visited Mr. Edwards', and were in the rooms occu-

pied by both Mr. E. and his negro. On the 20th, Warren, a mulatto boy, who stayed a good deal in the house at Mr. Hill's, was attacked. On the 28th, Harriet, a negro, who attended in the house, was attacked; also William, a brother to Warren, was attacked on the same day. On the 29th. Mr. Corlew, then residing with Mr. Hill, was attacked. The last four cases occurred in persons who had been constantly with the sick children till attacked themselves. About the 5th or 6th of May, Miss McLeod, a sister to Mrs. Hill, was attacked—previous to her attack she had spent eight or ten days in watching and assisting to nurse her sister's children. At the commencement of her attack she returned to her brother's, with whom she resided, sent his children from home. and debarred all visitors, except her physician and nurse. In about two weeks her fever abated, and she was so much better, that the children were suffered to return home. On the 23d, some four or five days after her return home, a little daughter of Mr. McLeod, was attacked, and on the 28th an old negro woman who waited on Miss McLeod throughout her illness, also suffered an attack of the disease; and on the 1st of June two negro children, belonging to the same, and who had been sent off with the white children, were attacked. On the 1st of June, the disease appeared in the family of a quatroon washerwoman. She had done the washing for Mr. Hill's family since the 5th of May. The first case occurred in a little boy about three years old. About the first of August, the woman and another son were attacked; and about the first of September, two daughters of the same were attacked; thus accomplishing the family circle. From these facts it would seem that not a single case occurred except in persons who visited or had communication with the sick, though it must be acknowledged that a greater number escaped than suffered from such intercourse.

The total number of cases was 19—of which 7 occurred in whites, 5 in negroes, and 7 in persons of mixed blood; mulattoes, quatroons, &c.: 12 cases occurred in children mostly under 10 years old, and the remaining 7 were persons

over 30, and mostly of delicate and susceptible constitutions With regard to sex, 8 were males, and 11 females.

Out of the total number of cases, but one terminated in death. It occurred in a negro woman of delicate constitution, laboring under erysipelas of the face and head. She died of *asthma* on the 9th day from her attack; the pulse ceasing to be felt at the wrist 24 hours before death. The period of recovery occupied from two weeks to a month, and in some cases a still longer time.

For convenience of illustration, I shall arrange the cases in three *groups*, corresponding to the seat of the local affection.

1st. Cases in which the inflammation occupied the face and head.

2d. Cases in which the inflammation occupied the lower extremities.

3d. Cases in which the inflammation occupied the throat, without appearing on the skin.

Belonging to the first group were 11 cases; to the second 3; and to the third 5.

I will now introduce a single case from each of these groups, with such additional remarks as may seem necessary to convey a tolerably accurate idea of the disease.

Group 1st.—*In which the inflammation occupied the face and head:*

Case. Elizabeth, daughter of Mr. Hill, about 6 years old, was attacked on the 13th of April with something like a chill, followed by fever, pain in the head and neck, hoarseness, sore throat, &c. On the 14th her condition was much the same, except that she complained more of her throat, and experienced some embarrassment in breathing. Towards evening her breathing became stridulous, which increased to such a degree in the course of the night that suffocation seemed inevitable. On the morning of the 15th these distressing symptoms had in a great degree subsided, and she appeared more at ease, though the fever continued with but little abatement. Towards evening she complained much of

pain in the nose and across the face, but no swelling or redness was apparent. On the 16th all distress attending respiration had pretty well passed off, but her fever continued as before, and her nose and face were swollen, as from the sting of a bee. On the 17th the inflammation had spread over the whole face as far back as the ears, closing the eyes, and disfiguring and disguising the whole countenance. The fever still continued without intermission—the pulse ranging between 120 and 130. On the 18th, the face swollen as before, and scattered over with vesicles filled with a darkish serous fluid. On the 19th, inflammation subsiding at the place of commencement, but still spreading over the scalp and neck; fever without intermission. On the 20th, the inflammation still declining; detached cuticle falling off; inflammation has spread but little since yesterday; fever seems also on the decline. On the 21st, the inflammation and fever still declining, and the patient decidedly better. From this time she continued regularly to improve, and was well in about three weeks from the date of her attack.

In this case occurred the most decided stridulous symptoms of anyin the present group, though all were alike affected, at the commencement, with sore throat, oppression about the chest, and difficult or distressed breathing. The upper part of the throat had a red œdematous appearance, but attended in no instance with ulceration or sloughing. I consider the foregoing case about a fair sample of its class, though several of them were of a more grave character, and of more protracted duration. Convalescence in some cases was attended with troublesome sores about the scalp, and in one case a blister to the chest put on a very angry appearance. Some cases were attended with coma; in the above there was but little, and in others none at all. Some of the cases were likewise attended with delirium.

Group 2d—*In which the inflammation occupied the lower extremities:*

Case. Warren, a mulatto boy, about seven years old, attacked about the 20th of April. He first complained of se-

vere pain in the top of the right foot, together with some febrile excitement. On the 21st, his foot was swollen and very painful, attended with increase of fever; but no cough or sore throat. On the 22d, the foot and ancle were much swollen, very painful, and covered with numerous small blisters. On the 23d, the inflammation extended about 4 inches above the ancle joint, after which it progressed more rapidly, attended with high fever, and frequent, rapid pulse, till it reached the inferior angle of the scapula in an upward direction. It then passed over to the left side, and pursued a retrogade direction down the left leg, as far as the ancle, when it subsided without involving the foot. The period occupied in traversing the above described surface was about two weeks. There also formed, about the point of commencement, a troublesome abscess, which discharged a great deal of *matter*, and the boy was left in such a debilitated condition, that he was probably two months in regaining the powers of *self-transportation.*

I have to remark concerning this group, that two out of the three cases, were more protracted than any others. The other was a mild case, and the only one of the group that was attended with sore throat, or embarrassment of the respiratory organs. A hot, dry skin, and frequent pulse, was generally maintained throughout the course of the disease, which subsided with the inflammation, leaving the patients much debilitated.

Group 3d—*In which the throat was affected without inflammation of the skin:*

In illustration of this group I will introduce the case of my late friend, Dr. Russell, of Huntsville; for the report of which I am indebted to Dr. Erskine, his late partner, and principal attending physician during his illness.

Dr. Russell possessed a firm constitution, and had never been seriously ill before in his life. Relying on the powers of his constitution for the eradication of this disease, which did not seem at first of a serious character, he neglected to take medicines, though urged by his physicians to do so, until

it was too late. I give the case in the words of Dr. Erskine.

"On the 12th and 13th of May, 1844, Dr. Russell visited Miss McLeod, laboring under an erysipelatous affection of the neck, face, and throat. About the middle of June Miss McLeod visited Dr. R.'s in Huntsville, and spent several days at his house. She was still much debilitated by her former attack, and suffered from derangement of the bowels and some fever, which passed off in a few days without much treatment. Shortly after this, a servant girl who waited on Miss McL. was taken with sore throat accompanied with neuralgic pains about the face and neck, which yielded in 8 or 10 days to mild treatment. One or two other servants were siezed with similar symptoms, all of which passed off under the use of emetics, cathartics, sinapisms, quinine and gargles.

"About the 8th of July Dr. Russell complained of slight sore throat with neuralgic pains about the neck and face, and some febrile disturbance.

"Although impressed with the belief that he labored under the same disease which had affected his servants, yet he used no treatment except some mild gargles, and continued at business until Wednesday, the 10th, when he had a regular paroxysm of fever, ushered in by a distinct chill. The fever passed off in 8 or 10 hours with free perspiration. During the paroxysm the throat became more painful with increase of hoarseness, all of which passed off with the fever. On the 11th and 12th, until 4 o'clock in the evening, he remained free from fever, and took quinine though not freely. Another chill then came on followed by high fever, with considerable increase of the local affection. The erysipelatous affection appeared to have traveled all over the pharynx and the upper part of the larynx, exciting an unpleasant cough. The fever passed off as before, yet the local affection continued very troublesome, and the cough distressing, emitting something of a croupy sound. On Sunday morning, the 13th, he was very restless, and discharged quantities of thick ropy

phlegm; there was also hoarseness and more of the croupy sound in coughing. About 4 or 5 o'clock on Sunday evening there was an evident increase of fever without any perceptible chill, and with it a great increase of hoarseness, and cough, with general oppression about the chest, and a great sense of suffocation. These symptoms continued to increase during the night, being occasionally much worse, as if some spasmodic action had been induced. He urged his physicians in the event of suffocation to perform the operation of laryngotomy. These spasmodic paroxysms about the lungs increased both in frequency and violence until between 9 and 10 o'clock on Monday morning, when he literally suffocated. The operation desired was performed, but without affording him any relief. Dr. R. frequently remarked some 15 or 20 hours before his death, and up to that period, that he could not fill his lungs during inspiration; and from the fact that no relief was afforded by the operation, we have no doubt, but that the inflammation had extended throughout the bronchia. Dr. R. died with all the symptoms of confirmed croup."

Among Dr. R.'s servants I understood 3 cases occurred, in one of which erysipelatous inflammation traversed the face, neck, and scalp—the throat was affected in the other two.

In remarking on Dr. R.'s case I must acknowledge, that it differs somewhat from those that occurred under my own observation. It is true, that nearly every case within my knowledge was attended, at the commencement, with some feeling of rigors, and some of them with tolerably distinct chill, but I do not recollect a single instance in either form of the disease, in which it assumed anything approaching to the intermittent form. I observed the pulse closely throughout the inflammatory stage, in cases belonging to each group, and unless I am greatly mistaken, it did not vary more than ten beats at any period within the 24 hours.

Again—I observed nothing of the intermitting spasmodic action about the lungs referred to in the above case, though all in the present, and a large number in the first group, had

much oppression about the chest, with anxious respiration, and many of them gave the croupy sound in coughing. In other respects the case differs but little from those of the same character observed by myself—except in its termination.

I consider this last decidedly the mildest, though perhaps not the least dangerous form of the disease. It generally ran its course in from six to ten days, and the patient recovered without that state of extreme debility which attended recovery from the other forms.

The fever attending this disease in all its forms, was characterized by a frequent, and rather contracted pulse, a dry, hot skin, generally great thirst; tongue coated thickly with a whitish or brownish fur, and in all respects the fever approached more nearly our *typhoid or winter fevers*, than any other form with which I am acquainted. It always preceded the inflammation of the skin a day or two, while in the throat cases, the inflammation and fever seemed to be developed together. The fever and inflammation generally subsided together, though in some cases the febrile excitement in some degree, lingered a few days longer.

Treatment.—In the early stages, and in cases attended with sore throat, and oppressed and impeded respiration, *emetics*, repeated according to the urgency of the symptoms, were of decided benefit. In some of the most urgent cases, they were repeated as often as three or four times in 24 hours, and always with evident relief to the patient. The only articles of this class used were ipecac. and compound syrup of squills.

Bloodletting was practiced in but a single instance. The patient did well, but owing to the frequency and smallness of the pulse, I regarded it as a remedy of doubtful utility, and did not venture to try it again.

Purgatives.—In some of the first cases, I employed calomel, either alone or in combination, but a slight ptyalism having occurred, causing an aggravation of the other symptoms,

I abandoned it, and substituted sulph. magnesia or jalap, either of which answered a valuable purpose—that of promoting, when desired, a free evacuation of the bowels.

Tonics.—The only article used with this view was quinine. It was administered in all stages of the disease, but never with decided benefit, unless perhaps in the stage of convalescence.

Blisters.—These were decidedly the most valuable auxiliaries in the treatment of cases attended with oppressed and difficult breathing, and sore throat accompanied with croupy symptoms. I think I saw several cases which must have died, had it not been for blisters and a liberal use of emetics.

Other topical remedies.—Of those used for the purpose of arresting the progress of the inflamed surface, I can only say, that I have no confidence in any. I tried stimulating and astringent lotions; drew caustic lines around and about the inflammation, and raised blisters in front of it, all, however, without checking "the even tenor of its way." Cold lotions of water, or water and vinegar, or salt water, applied by means of cloths laid over the part, seemed soothing and comfortable to the patient, and probably exercised some influence over the inflammation, as far as the application of cold was concerned.

Gargles of every description, I look upon as perfectly useless in this disease, except to cleanse the mouth, and afford a species of amusement to the patient. The mischief lies beyond their reach.

With this brief view of the principal facts and circumstances connected with the disease, as it presented itself to my observation, I leave the reader to his own comments, and free to arrive at such conclusions as will most naturally arise from its careful perusal.

May 3d, 1845.

ART. II.—*A Case of Imperforate Vagina.* Reported by W. L. SUTTON, M.D.

In February, 1844, I visited a young lady, Miss D., in an adjoining county, who was then under the care of Dr. Evans, of this county, and Dr. Downing, of Harrison county. She had previously consulted several of the most respectable physicians of this State, who appear to have considered her case as one of common amenorrhœa. The history of the case, as detailed to me, was this: "The lady is 16 years old; three years ago she had an appearance of her catamenia, but the discharge was not of a proper color; since that time she has had no return, but about once a month she becomes troubled with pain in the back, pelvis, and thighs, attended with difficult and painful micturition. This suffering has continued and gradually increased, until now, for a week or ten days at a time, her agony is almost insupportable. In the intervals her health has been good, until within the last five or six months; during which time she suffers nearly constantly. For the last week she has suffered intense agony; and it is apprehended that the vagina is more or less deficient."

Upon my arrival, I found the face flushed, pulse quick, and the patient suffering severely; the abdomen was somewhat tumid. Upon introducing the finger into the rectum, it was encroached upon by a tumor in front, which evidently contained a substance somewhat fluid; but as the bladder was said not to have been emptied for 12 hours, it was thought prudent to introduce the catheter; the attempt, however, was unsuccessful. The patient was then placed on her back, upon a table, with the thighs and legs flexed, and the knees separated, when the external labia were protruded and separated so as to shew an adhesion from the fourchette to the anterior commissure of the labia, formed by an union of the labia, nymphæ, and preputium, with an entire uniformity of surface, and projecting so far as to be even with the anterior surface of the external labia—they having lost the projection

usual in unmarried females. In this adhesion, somewhat below the point opposite to the orifice of the urethra, was an opening of the size of a small goose-quill. From this orifice downwards, the hymen was firmly forced against the adherent nymphæ and labia, so as to form the protrusion before mentioned. This orifice was made the starting point of an incision, which was extended downwards some two inches, and then the imperforate hymen was freely divided. A quart or more of a brownish fluid, of the consistence of molasses in summer, without odor, escaped from this incision. This fluid was readily distinguishable from blood, by its consistence and color. Above the hymen, the vagina was of course enormously dilated. The uterus was beyond the reach of the finger. Dr. Frazer, of Cynthiana, performed the operation. The young lady soon became comparatively comfortable, and as I understand, has since enjoyed good health.

Although this case turned out to be of a character much less serious than was expected, yet I think it sufficiently interesting to justify a few remarks.

In the first place, it would seem to justify, if not require our insisting upon an examination *per vaginam*, in similar cases of retarded menstruation, in which the general health does not appear to suffer, and in which the periodical return of pains about the pelvis would seem to indicate their connection with the catamenia. It does not appear that any of the very highly respectable physicians, who had been consulted previously, had suspected the true cause of delay. Very probably they were prevented from suspecting the true cause by the positive and unequivocal declaration of the mother, that a catamenial discharge had appeared at about the proper time, thus verifying the declaration of Gooch, I think it was, who said "In these cases we can place no reliance upon the tongue of a woman; we must interrogate the belly." In this instance the mother was, doubtless, misled by some sanguineous discharge either from the rectum or skin.

2d. The mother also stated positively, that during infancy, there was no unusual adhesion about the labia pudendi; neither was she aware of any ulceration or other affection at a subsequent period, by which adhesion could have been formed. It is, I think, doubtful as to the precision of her observation on this point.

3d. The state of the parts was such as excuse fully, in my opinion, the young gentlemen in believing that a deficiency of vagina existed, inasmuch as there was scarcely a sulcus, much less anything like an entrance in the situation of the vagina.

4th. Although at the time, I was fully satisfied with the operation, yet my reflections since have led me to regret. what I now think a deficiency in the operation, by which the lady may or may not (according to circumstances) suffer inconvenience. The deficiency to which I allude, consisted in not extending the incision through the adhering parts sufficiently far backwards and forwards. Notwithstanding the incision at first sight appeared ample, yet as it did not extend backwards to the fourchette, when the parts resume their proper dimensions, if the patient should marry and have a child, I fear that she will experience considerable pain, which might, and ought to have been guarded against.

Again, the nymphæ and prepuce adhered together in such a way as to veil the orifice of the urethra completely; therefore if it should ever be necessary to introduce a catheter, the usual guide in that operation will not exist. But had the incision been extended backwards to the fourchette, and forward to the upper side of the clitoris, the proper object of all operations, viz: to put the parts in a situation as nearly natural as possible, would have been accomplished.

Georgetown, Ky., April 24, 1845.

ART. III.—*A Case of Injury of the Hip by a fall, with exfoliation of the Bone.* By JOHN M. Ross, M. D., of Marion, Mississippi.

The case which I propose to detail, if it furnishes nothing new in principle or practice, affords, at least, a striking illustration of the *vis medicatrix naturæ*, and of the aid which it is often in our power to render to her curative efforts, by slight surgical interference.

The subject of the injury and operation which I am about to describe, was a negro man, aged 45 years, of robust frame and good health. Eight years ago he fell from the second story of a house, by which he received a severe contusion in the right hip, but no fracture that could be discovered. The parts were lacerated to a considerable extent, as well as bruised. From bad management, or because the injury was more serious than was suspected at the time, he did not recover from the wound for near a twelve-month. About that time he was able to resume his active occupation, and all that remained of the injury was a dull, dragging pain in the parts that had been wounded, the pain increasing in wet or cloudy weather, as also during any disease. He remained in this condition until Friday, the 13th of March last, when he was suddenly taken with a severe pain in the hip, extending to the lumbar region, accompanied with a severe chill, which was followed by fever. On Saturday the pain extended to the abdomen, and was more severe. The chill and fever also returned. These regular returns continued, with increased pain and soreness, until Tuesday, the 17th, when I was called in great haste to see him.

I found him suffering excrutiating pain, and much prostrated; his countenance was haggard, pupils much dilated; a cold clammy perspiration covered his entire surface. The abdomen was remarkably tender on pressere, and he experienced great difficulty in discharging his urine. It was ascertained that large quantities of pus passed from his bowels;

his pulse was about 40 in a minute; he complained of the lower part of his bowels mostly, and said that he could feel something hard there.

From these alarming symptoms, I entered into a close examination, and soon found a spicula of bone lodged in the rectum, so near the external orifice, that I could get hold of it with a common pair of forceps; it was, however, apparently fast and immovable, being held by its rough, serrated edges.

Having the patient in a convenient posture, I made further examination with a probe, and soon found that the bone had not yet passed into the rectum, but was just entering. In size the bone was about one inch and a half in length, and three-quarters of an inch in width, with an irregular, rough appearance. Finding that it could not be removed without an operation, I made an incision by a scalpel, having introduced a grooved director through the anus, and along the superior margin of the bone to its full extent. The cut extended about three-quarters of an inch, and the bone was extracted with a pair of forceps. But little hemorrhage ensued, nor was the quantity of pus discharged as great as I had expected. The operation was completed by bringing the edges of the wound together and applying simple dressings. Afterwards I gave the patient twenty drops of laudanum, and thirty drops of tincture of catechu, and ordered that he should abstain from all highly seasoned or stimulating food and drinks. His pulse soon rose to about 70, and he fell into a tranquil sleep, in which state he remained until the following morning. The next day after the operation, I returned and found him in a state of perfect ease. I ordered him to take two ounces of castor oil, and permitted him to drink a small quantity of soup, directed that he be kept in a perfect state of rest, in a recumbent posture. Returned next day and found my patient quite cheerful, without any discharge of pus, bowels open, skin moist, tongue clean, no appearance of inflammation, divided parts healing well, pulse

about 75. I again ordered oil to keep the bowels soluble, and put the patient upon a low diet. I saw him again on the 20th; everything was progressing well; no pain or fever. The same directions to be continued. My visits were now discontinued, and I saw him no more until a few days since, when he had regained his strength, felt his hip stronger than it had been before for 8 years, and with less pain in it, in a word, as he expressed it himself, feeling like a new man.

Marion, April, 1845.

ART. IV.—*Lectures on Diseases of the Chest.* By J. R. BUCK, M.D., Lecturer on the Theory and Practice of Medicine in the Louisville Summer School of Medicine.

LECTURE FOURTH.

PHTHISIS.—*(Continued.)*

The second stage of phthisis, (or the first as it is usually regarded) commences with the deposition of tubercular matter in the lungs. This matter is probably deposited in a fluid state, dissolved in serum, but so soon is the watery portion removed by absorption, that we generally first find it an opaque yellowish or grayish point of a semifluid or solid consistence.

Much difference of opinion exists as to the exact seat of tubercle. Carswell believes it to be most frequently the free surface of the mucous membrane; hence in tubercular disease of the lungs, his practice is to attempt a dislodgment of the matter, mechanically, by a long-continued course of emetics. It is also found upon the serous membranes, in the cellular tissue, and in the blood. It occurs first at the summit of one lung (rarely at the same time and to the same extent in both) as mere points; these points may exist scattered through the summit in great numbers without interfering with its function, and without being distinguishable either by the rational or physical signs. As these minute portions

of matter, the *punctum saliens* of the tubercle, increase in size, as they do by additional deposits from the blood, they obstruct the circulation as well as the respiration in that portion of the lung by compressing the bloodvessels and bronchial extremities. The first appreciable alteration in the lung, therefore, is congestion, and a partial obliteration of the minute bronchial twigs and vesicles; as this deposit increases still more, the bronchial tubes are entirely obliterated so that no air enters that portion of the lung at all. A part of the bloodvessels may pass into or through this indurated mass, which existing in such quantity, and acting as a foreign body, excites inflammation in the surrounding tissue, lymph and pus are thrown out, and the mass is softened and dissolved in the pus. So soon as a communication is established between this cavity and a bronchial tube, the tubercular mass is expectorated, leaving an empty cavern lined by a false membrane. Other masses undergoing the same changes, the lungs are completely riddled; while in other cases the primitive cavities run into each other, forming one very large excavation. The bloodvessels which pass through this mass often remain as bands across the cavities long after the tubercular matter has been expectorated. When the process of ulceration extends to the pleura pulmonalis a communication is established with the pleural sac: air, and the contents of the cavity, pus and tuberculous matter escape into it, and pneumo-thorax is produced. This matter, without causing ulceration, sometimes excites inflammation in the adjacent portion of the pleura, lymph is thrown out, contracting adhesions with the pleura-costalis, causing the circumscribed contractions so frequently seen in advanced phthisis. These contractions may also be caused by the caving in of the chest to accommodate itself to the diminished size of the excavated lung. These are the alterations occurring in the lungs themselves. In addition, inflammation and ulceration of the various mucous surfaces are frequently present.

SYMPTOMS AND PHYSICAL SIGNS.

Until tubercular matter exists in sufficient quantity to irritate and inflame the surrounding pulmonary tissue, there are no symptoms present by which its existence can even be suspected; but when the circulation is obstructed so as to cause congestion, it may be determined with great accuracy by auscultation and percussion.

The existence of more blood than natural in the thin lamina of lung constituting its summit, causes slight dullness on percussion in the clavicular region; this is so slight as only to be appreciable when compared with the sound elicited from the healthy side. If the deposit exists near the posterior surface then the dullness is heard in the acromial region. The same condition of lungs causes alterations in the respiratory sounds. The vesicular murmur, in consequence of the partial compression of the smaller tubes and vesicles is but indistinctly heard; while the bronchial or blowing sound is increased, producing that variety of morbid sounds called rude respiration. If the patient be made to speak, the resonance of the voice is more distinct at the point where these sounds are heard than elsewhere. We may by these signs ascertain the existence of tubercular matter in the lungs, long before there is present one of the ordinary rational symptoms. As the deposit increases, the symptoms and signs are much better marked. The irritation, from the matter extending to the bronchial mucous membrane, creates a disposition to cough; this is generally of a short, dry character, and often so insignificant as scarcely to attract the attention of either patient or friends. It is a voluntary cough, and if attention be called to it, is often entirely suppressed. It is often described by the patient as depending upon a tickling sensation. Very slight febricula is also occasionally present in this stage, not producing any sensible effect upon the pulse, but sufficient to impart slight warmth to the skin, and to occasion very unpleasant burning in the palms of the hands and soles of the feet. Pains about the chest are also complained of, with-

out seeming at all to be influenced by the locality of the disease; its most frequent seat is the lower part of the sternum: occasionally extending from the mammary region to the point of the corresponding scapula, and very rarely in the clavicular and acromial regions. Hæmoptysis which was so abundant in the first stage of phthisis is still present in many cases. but neither so frequent or to anything like the same extent. If there be any expectoration, it is slight, and of a whitish glairy nature. Emaciation is but little if at all advanced. Appetite is sometimes impaired, but generally speaking, it continues good. There is rarely any dyspnœa in this stage, unless after exercising too much. Muscular weakness greater than in the first stage.

Physical Signs.—Increased dullness or perfect flatness upon percussion, from the entire solidification of the apex of the lung. The difference in the sounds elicited by percussion of the two sides is so great as always to attract the attention of the patient during the operation.

The alterations in the respiratory sounds are also increased; instead of a mere diminution there is an entire absence of the second or vesicular murmur, the portion of the lung in which it is formed being entirely obliterated, while the first or blowing sound is greatly increased in intensity—constituting bronchial respiration. The voice being formed entirely in the larger bronchial tubes, and the solidified lung being a much better conductor of sound than the healthy pulmonary structure, is heard with great distinctness when the stethoscope is applied over the diseased portion, that is, immediately beneath the clavicle, or in the acromial region. When the tubercular deposit is very great, extensive bronchitis is usually present—this is indicated, in the first stage, by the sonorous and sibilant rhonchi, and in the second, or secreting stage, by the mucous and subcrepitant rhonchi. Care must be taken lest the mucous rhonchus be mistaken for the cavernous or gurgling sound; it is heard over a much larger surface and the bubbles are very irregular in size. The third

stage is characterized by the softening and expectoration of the tubercular matter. It is in this stage only, that we can, by the symptoms, ascertain with any certainty the existence of the disease.

The *cough* becomes very troublesome, in some cases almost constant; it is generally worse in the morning—the secretion accumulating during sleep, and exciting irritation and cough immediately upon awaking. At first it differs but little, if at all from the loose mucous cough of bronchitis; as the mass is expectorated and a cavity formed, it becomes dry and hollow.

The *expectoration* is generally free from the commencement of this stage, a thin, frothy mucus at first, gradually changing to a yellowish mucus of some little tenacity.—When a communication is established between a softened tuberculous mass and a bronchial tube, small portions of a whitish cheesy looking substance, the tubercular matter itself, is occasionally seen mixed with the yellow tenacious mucus, and the sero-purulent contents of the cavity; this continues till the whole mass is thrown off. The expectoration that follows is a thin, watery fluid, in which is contained flattened, roundish flakes, or patches of a muco-purulent matter, about the size of a ten cent piece; this is the variety of sputa called nummular, and is formed in the walls of the cavity. Profuse hemorrhage sometimes attends the first establishment of a communication between a tuberculous cavity and a bronchial tube. This communication is generally established during a fit of coughing, and the same effort may cause a rupture of the bands of bloodvessels extending across the cavity. If they are not ruptured at this time it may occur at any subsequent period of the disease, and if the cavity be very large, may cause the death of the individual without any external hemorrhage.

Hectic fever is generally present, at least once every day, occurring in the evening, sometimes both morning and evening, and is followed by profuse perspiration; it is often pre-

ceded by a distinct chill, which occurs with great regularity at a certain hour every day, or every other day; it is frequently mistaken for the simple idiopathic chills and fever. The circumscribed flush upon the cheek, though generally, is not always present in this fever.

Pain is by no means constant. The supervention of slight pneumonitis or pleuritis will occasion it; occasionally it is referred to the lower parts of the sternum, or to the various points upon the chest.

Dyspnœa is often very troublesome in this stage, both from the destruction of so large a portion of the lung and from the diseased condition of the bronchial mucous membrane.

Emaciation.—I have seen patients with large deposits of tuberculous matter in the lungs, beginning to soften, and yet apparently but little if at all emaciated; in other cases the emaciation is extreme.

Incurvature of the nails which has been regarded as an attendant upon phthisis exists in all cases of emaciation, and is therefore of no value in the diagnosis of this disease.

Diarrhœa is one of the most troublesome and alarming symptoms of phthisis; perhaps in a majority of cases it is the proximate cause of death. It is not always, nor generally, as is supposed, dependent upon the presence of tubercles in the intestines, but upon an increase of that same morbid condition of the mucous membranes, as manifested by great susceptibility to cold, diarrhœa, &c., which was mentioned as a symptom of phthisis in its first stage.

Ulceration of the larynx, epiglottis, &c., is a frequent accompaniment of phthisis in this stage, causing huskiness of the voice and difficult deglutition. I attended a gentleman in this city two years since, who was unable to swallow any thing for three days before his death without its passing into the larynx and causing the most violent spasmodic cough: he died on the third day in attempting to drink a spoonful of water, his intense thirst obliging him to make the effort.

Physical signs.—There is no alteration upon percussion until the tuberculous mass has been expectorated; the dullness is just as perfect after softening as before. When the matter has been thrown off, if the cavity be large there is a very sensible diminution in the dullness, although it never becomes as resonant as in a healthy condition, in consequence of the induration of the walls of the cavity. Percussion over a large cavity, entirely empty, with the mouth open, so as to establish a communication between it and the external air, elicits a jarring, cracked sound, called the cracked-pot sound, from its resemblance to the sound made by striking a cracked pot.

Auscultation.—The air as it passes into the thick homogeneous tuberculous mass produces the cavernous rhonchus or gurgling sound; it can only be heard when the cavity contains tubercular matter. So soon as the cavity becomes empty, by expectoration, the cavernous rhonchus ceases, and the cavernous respiration is heard in its stead. If the cavity occupies an entire lobe, the amphoric respiration is heard. The alteration of the voice occurring in this stage of phthisis is the most striking of the physical signs. Pectoriloquy, or speaking from the chest: this sound is not heard distinctly unless the cavity be of moderate size, empty and lined by a false membrane, so that the absence of pectoriloquy is not even presumptive evidence of the absence of a cavity.

Metallic tinkling.—This sound is heard when a large cavity exists, partially filled with a liquid, and communicating with a bronchial tube; it is also heard in pneumo-thorax, when a liquid exists in the pleural sac. If, as is frequently the case, there be local pleuritis or pneumonitis, the physical signs peculiar to these affections will be superadded to those already mentioned.

Treatment.—The treatment of phthisis must be divided into that which is proper for the constitutional disease, and that for the local, tuberculous disease of the lungs; for it is to be borne in mind that the local disease of the lungs is but the effect of a morbid condition, pervading the whole system, and

although the exact nature of this constitutional disease is still involved in doubt; sufficient is known, upon which to base a rational, and in a large majority of cases, a successful treatment. As these two conditions are opposite in character, so likewise must the remedies differ.

In the first stage of phthisis, before there exists any local disease at all, the treatment is simple and the cure generally certain. The indications are, to improve the strength, and to restore to the blood those elements in which it is deficient. This is to be done by the judicious administration of tonics, nutritious, but unstimulating diet, and well regulated exercise. The tonics best adapted to meet these indications are the preparations of iron: the tartrate of iron and potassa, sulphate, carbonate, phosphate, and citrate, have all been used! The first named is the preparation that I prefer: given in ten grain doses three times a day, either in pill or solution, it is not unpleasant to the taste, and rarely or never disagrees with the stomach. In the course of a week or ten days its beneficial effects will begin to be experienced; it invigoroates the muscular system, improves the appetite, and imparts a healthy color to the almost bloodless lips and cheeks. If the bowels be constipated, a small portion of rhubarb in powder may be given occasionally, either in combination with the iron, or alone. If the tartrate should disagree with the stomach, some one of the other preparations may not. The vegetable tonics are sometimes given.

Attention must also be paid to the condition of the kidneys and skin; mild diuretics and diaphoretics will be required if the functions of these parts be impaired.

Diet—This should be highly nutritious, but not exciting, as local inflammation would almost certainly be the consequence of a too stimulating diet. Coffee and tea, which are stimulants of the nervous system, are always injurious, and should be proscribed. Brandy, whiskey, rum, gin, and wine, which are purely stimulant in their effects, should also be avoided. A bottle of good London porter, or the same quantity of ale, taken in twenty-four hours, and discontinued upon the first

appearance of any local excitement, is sometimes productive of marked benefit. They possess tonic, as well as slightly stimulant properties. If the occupation of the patient be sedentary it must be changed, exercise in the open air is absolutely essential to the cure of this disease. It should at first be regulated by the ability to bear it, gradually increasing it with the strength of the patient. Such exercise (traveling) as involves a change of scene, climate, and associations, is preferable; five thousand miles passed over in the transaction of ordinary business, would be less beneficial than traveling one-third the distance, so as constantly to be presented with a change of climate, scenery, &c., the mind ceases to act prejudicially upon the body.

The hæmoptysis, which in this stage is sometimes so profuse as to threaten the life of the patient, requires prompt and vigorous treatment. Unlike that hemorrhage which proceeds from congestion, it should be checked as soon as possible; its continuance increases the muscular debility and facilitates the deposition of tuberculous matter in the lungs. Acetate of lead, in five grain doses, repeated every half hour, should be given until the hemorrhage ceases. If the hæmoptysis be very great, it may be given in ten, fifteen, and twenty grain doses, combined with a small quantity of acetic acid or common vinegar. Cold applications may be applied to the chest even at the risk of causing the patient to take cold. Ice or cloths dipped in ice water should be constantly applied until the hemorrhage ceases. By this treatment not only may phthisis be cured in this stage, but all predisposition to the disease removed.

Second Stage.—The congestion consequent to the presence of a very slight deposition of tuberculous matter in the lungs, enables this stage to be recognized at its very commencement, and the first indication is the removal of this congestion. Cups or leeches in the acromial region, or in the infra-clavicular, immediately beneath the clavicle, should first be applied. If the dullness be very slight, one cup or four leeches will be sufficient. On the third day the cupping or leech-

ing should be repeated, and again on the seventh if the dullness is not considerably diminished. It is rarely necessary to repeat the local depletion oftener than this. If the deposition be very extensive, so as to cause bronchitis, three or four cups or a dozen leeches will be required, and as many cups should be also applied to the inter-scapular region. The excitement of the pulse and the cough will in this way be subdued. The same attention to the condition of the bowels, kidneys, and skin, is necessary in this as in the first stage. After repeated cupping or leeching, the dullness sometimes disappears entirely, the cough ceases and the patient seems in every particular entirely cured; but this appearance is deceptive, the tuberculous matter still remains in the lungs, and the congestion and consequent cough, excited pulse, and will certainly be reproduced, unless guarded against by further treatment. To guard against this return as well as to remove any remains of the congestion, counter-irritation must now be established. Blisters, issues, setons, or tartar pustulation may be used. Blisters will answer the purpose if the disease has been very slight. They may be alternated between the acromial and infra-clavicular regions. They should be made about the size of a dollar and the surface kept discharging with savin cerate.

[TO BE CONTINUED.]

ART. V.—*A Case of Phrenitis resulting in Death, from the Inhalation of Sulphuric Ether.* By Doct. J. MILLER, of Louisville, Ky.

It is not unknown to the profession that serious excitement, and even inflammation of the brain may result from the inhalation of the vapor of *Sulphuric ether;* but so far as the writer of this article is informed no fatal case of the kind has been brought before the public of late, in a way to call general attention to the danger of that practice, which is gaining a considerable prevalence in this country. Boys at school,

and young people at social parties frequently amuse themselves by breathing the fumes of ether, which is easily done by saturating a handkerchief with that fluid, a lively intoxication, generally transient, being the consequence. It was at such a social meeting that the subject of the melancholy case, which I have been requested to report for the Western Journal, was induced to make the fatal experiment. In the hope of hearing her sing, her young friends pressed her to inhale ether, which others had done on the same evening without any unpleasant effects.

Miss E. A. was aged about 15 years, was of highly nervous temperament, of scrofulous diathesis, from an affection of which character she had suffered seriously in her childhood. At the time of breathing the ether she was in good health. Not being affected by the first trial with it she was prevailed upon to repeat it again and again, until she had made five successive trials. She then sat down apparently exhausted, in what was taken to be a pensive mood, and in that uncomfortable state soon left the party and returned home.

The next day found her with the symptoms of indisposition rather increased, and on the day following she complained of her head, had but little appetite, and was much debilitated. Up to this time, three days after inhaling the ether, she was able to go about, and on the third day, walked to church; but her giddiness and debility made it difficult for her to walk, and it was with a great effort that she was able to reach her house. On being questioned by her mother she represented that the breathing of the ether was attended with very painful sensations in the head, and produced a partial blindness, under which she had continued to labor ever since. By the evening of the third day she had grown quite ill; in attempting to walk up stairs she stopped suddenly, screamed so as to alarm the family, and complained of faintness and the pain in her head. Some aberration of mind was now manifest, and in the course of the night she became delirious, screaming, and evincing alarm at imaginary dangers. She spoke of the ether which she had inhaled as being the cause

of her illness, declared in her lucid intervals that she had suffered ever since she breathed it, and cautioned those around her against its use. Under the remedies prescribed that night she appeared more comfortable the next morning, but during all that day she gave decided proofs of mental incoherence, which continued to increase. Her skin was hot. countenance flushed, pulse about 100, with much throbbing of the carotids; eyes half open and turned upwards, impaired vision and obtuse hearing. She complained of difficulty in turning her eyes downwards, but rolled them about in an unnatural way. When any subject was introduced she spoke rationally upon it for a moment, and then turned to some other, frequently to the experiment with the ether. Her nights became sleepless, and were spent in screaming, and loud talking upon all subjects, until she sunk finally into a comatose condition. Ten days after her indisposition commenced she had a slight spasm. Her pulse had reached 140, having gradually risen from day to day. On the twelfth day she expired. No autopsy was made.

Doubts were entertained by some, during the progress of this case, whether the symptoms were attributable to the inhalation of the ether; but no one, it is believed, doubted the existence of inflammation of the brain before all was over. To my mind it was clear enough, and the case ought to be a warning to the public. Parents should admonish their children of the danger, superintendents of schools should forbid the practice among their youth, and it would be well if apothecaries would decline selling the fluid when there was ground to suspect that it was intended for this purpose.

A day or two after writing the above, I learned accidenally, that Mr. Green had lost a son the same morning that the death of Miss A. occurred, and under similar circumstances. I immediately called upon the family, and was informed that this youth died under symptoms of mental derangement, but was unable to learn whether he had taken ether or not; he had returned home with the odor of it so strong about him as to attract at-

tention, but no inquiry was made while living as to its use. Mrs. Green introduced her little daughter, aged 11 years, who at the time was laboring under some degree of mental alienation connected with a muscular disturbance, supposed to be chorea. On examination the following symptoms were observed: the countenance was wild, and a little vacant at intervals, sometimes indicating slight surprise; the eyes were full and somewhat suffused; the hearing was obtuse, and she complained of obscured vision, describing it as a mist, or thin cloud before the eyes. There was evident restlessness, mostly of the head and upper extremities; full and frequent inspirations were made; the mouth was often opened, and the head thrown back, as if to relieve slight stiffness of the muscles of the neck. The patient conversed incoherently at intervals, introducing strange topics, and had sometimes been observed to laugh immoderately without any assignable cause. She had been affected with these symptoms for several days before I saw her. When I visited her, she seemed capable of conversing on any subject introduced in so rational a manner, that the hullucination might have been overlooked by an uninterested observer. I noticed, however, that she conversed with clearness only so long as the topic was kept before the mind with some care; and this circumstance, together with the muscular disturbance, marked the case as similar to that of Miss A. I was informed that she had begun to show a greater inclination towards silence than formerly; her appetite was said to be good, and on a few occasions was thought to be inordinate. There was also evident difficulty in using the organs of speech; the pronunciation was indistinct and performed with some apparent effort. The subsultus mentioned above, simulated, it is true, that which obtains in chorea, but did not seem to me to be identical with it. The pulse was 98 in the minute, small and tense; the mouth was slightly dry, and the patient was observed to drink oftener than usual; she also complained of some pain in the head.

I could not ascertain, on inquiring of the patient whether

she had taken ether or not; she thought she had not, but her father informed me two days afterwards, that he believed she had, and he has this morning stated to me that so deep is his conviction of the fact, not only that this case originated in that way, but also that his son was killed by the ether. that he has petitioned the City Council to interdict the practice of inhaling ether at the public schools. Before I called a second time at Mr. G.'s residence, his family had gone with the little girl to Lexington, in the hope of improving her health. Mr. G. has received a letter informing him that the patient was carried from the stage to her bed, and that what seemed only a trifling imperfection in her gait when she left home, has terminated in paralysis of the lower extremities. and that she is now helpless and speechless.

On reading a copy of my former letter, I find that I omitted to say, that subsultus obtained throughout the entire course of Miss A.'s case, from the time I first saw her until twelve hours before her dissolution.

Louisville, June 19, 1845.

[Professor Silliman, speaking of the relation of sulphuric ether to the animal economy, mentions that it is sometimes breathed for the sake of the sensations it produces, and adds that the practice is in every view improper, and may prove dangerous or even fatal. The late Dr. Godman has left on record the particulars of a case, in which the effects of inhaling the vapor of ether were eminently serious. A female, predisposed to consumption, after breathing it for its exhilarating effects, suffered with cough, derangement of mind, and pain: had several attacks of violent syncope, and remained ill for some time.—(Western Reporter, vol 2, p. 111). Professor T. D. Mitchell, in his Chemistry, refers to the amusement of inhaling ether, and says that, some years ago in Philadelphia, several cases occurred in which "delirium, and even phrenitis was induced" by it, some of "which ended fatally." Pereira also speaks of its occasionally deleterious effects when inhaled. "If the air be too strongly impregnated with ether,"

he observes, "stupefaction ensues. In one case this state continued with occasional periods of intermission for more than thirty hours: for many days the pulse was so much lowered that considerable fears were entertained for the safety of the patient. In another case, an apoplectic condition, which continued for some hours, was produced."

Although, as remarked by the last writer, the effects of the vapor of ether upon the system are analogous to those caused by the exhilarating gas, there can be no question that they are far from being as harmless. In our reading we have met with no case, in which serious effects followed breathing the protoxide of nitrogen. Professor Silliman has never seen this gas do mischief. Pereira speaks of having administered it to about a hundred persons, and does not refer to any injurious consequences. We have administered it to nearly two hundred young men, in the last thirteen years, and have not yet witnessed a case in which its influence was more than temporary. Even headache is not a common consequence of respiring it. But it is very different with the vapor of sulphuric ether. We never administered it, or saw any one under its influence; but we have been assured by those who have inspired it, that it is generally followed by pain in the head, sometimes by pain in the chest, threatening inflammation, and that the cerebral excitement, bordering upon delirium, often persists for hours. From the history of the above cases by Dr. Miller, we do not hesitate to believe that the young lady died from the effects of breathing ether.

Y.]

REVIEWS.

ART. VI.—*Twelfth Annual Report of the Trustees of the State Lunatic Hospital at Worcester.* Boston: Dutton & Wentworth. 1844. pp. 112. 8vo.

The gratifying statement with which this Report opens is, that while the Hospital, during the past year, has been more crowded with patients than ever before, its operations generally have been more successful and beneficial, than in any former year. We much question if the history of any similar institution furnishes more to gladden the heart than the Lunatic Hospital of Massachusetts. Its whole administration from the beginning has been characterized by a spirit of such active, enlightened benevolence; its officers have been so prompt to apply all the improvements of the age, and so zealous in discovering yet better methods of treating the insane, that it has naturally become the admiration and the praise of all lands. This spirit of its officers has been nobly backed by the Legislature of the State, and since March 1843 the Hospital has been so enlarged as to accommodate one hundred and fifty more patients, and been supplied "with all the necessary furniture and other accommodations for the same."

"The whole number of patients that have been admitted into the Hospital from the beginning is 2013. The whole number that have been discharged, including those that have died, 1750. There remain now, at the end of the year, 263 patients. The number admitted the past year has been 236. The number discharged 228, of whom 124 have recovered

and 15 have died. Leaving at the Hospital 8 more patients at the close of the year than at its commencement."

But, encouraging as is their report, great as have been the improvements made in this admirable charity, the Trustees conclude by saying that—

"Much yet remains to be done to carry out the designs of the benevolent founders of this institution. There is much room for the charitably disposed and affluent to do good. Many improvements remain yet to be made, and many distressed subjects to be relieved."

Our most fervent wish is, that the legislators of all the States could go through the Lunatic Hospital at Worcester, and then hear this language from these worthy and enlightened men. How forcibly would it fall upon their ears, as most of them remembered that the Commonwealths for which they made laws were without any retreat for the insane! If the officers of the Massachusetts Hospital find in that institution many deficiencies to be supplied, what is to be said of those States which have not yet taken the first steps to provide such an asylum? Our brethren ought to be up concerning this grave matter. They must open the eyes of Legislatures to the great sin of neglecting this duty. It is a shame, that any State in Christendom should be destitute of a house where the unhappy lunatic might be made secure and comfortable, and have all the chances of improved science for restoration to his reason. But we leave this subject for the interesting statistics of this Report. The following statement shows how necessary are the additions now being made to the buildings of the Hospital, and gives but too faithful a picture of what is the state of things all over our country:

"In twelve years nearly three hundred patients have been sent away from the Hospital, who ought to have been retained. A large proportion of these individuals are now living, some in jails, some in cages and dungeons, and many in poor houses, in a miserable conditiou, not so much from a disposition to neglect them as from the difficulty of taking care of them in places so illy provided with suitable means."

The subjoined table exhibits the forms in which insanity was exhibited in the various individuals, and the proportion of cases in the sexes:

CLASSIFICATION OF INSANITY.

	Whole No.	No. of each Sex.	Curable.	Total Curable.
Mania, - - - - - -	999			
Males, - - - - - -		540	350	
Females, - - - - -		459	323	673
Melancholia, - - - - -	702			
Males, - - - - - -		310	168	
Females, - - - - -		392	250	418
Dementia, - - - - - -	225			
Males, - - - - - -		139	4	
Females, - - - - -		86	4	8
Idiots, - - - - - - -	12			
Males, - - - - - -		10		
Females, - - - - -		2		

In regard to the education of the idiotic, the following encouraging facts are given:

"In 1828, a school for the instruction of idiotic male patients was established in Paris in connection with the Bicetre, and the plan has been extended by M. Leuret and Voisir. A similar school was established at the Salpetriere for females, in 1831, by M. Falret. At the Lancaster Lunatic Asylum, and at the Hanwell Asylum in England, efforts are now making, on the same benevolent plan, to resuscitate minds impaired by disease, and to develop the mental powers of the congenital idiot to a considerable degree of usefulness. A similar effort has been made in a few of the institutions in this country, in all, it is said, with unexpected success. I have no doubt that such cases have too often been despaired of when patient continuance in effort might have been followed by favorable results. Such cases are not necessarily hopeless. The brain, after severe disease, may be left in an inactive state when no organic lesion has taken place to fatally impair its functions.

"Many cases of palsy are followed by the loss of memory of names of persons, things, and even language, which, though in old age, have been learned anew more or less perfectly, so at last, as to be quite useful again. Some individuals of this description have a sort of double consciousness, the condition of knowledge, alternating after successive attacks of disease. May there not be even greater probability of restoring an intellect prostrated by insanity in early life, where none of the faculties are wholly lost, though all are weakened and debilitated?"

We subjoin another table showing the causes of insanity, and circumstances connected with causes and predisposition to insanity.

Intemperance,	260	Jealousy,	6
Ill health,	318	Fright,	13
Masturbation,	139	Palsy,	16
Domestic Afflictions,	203	Hereditary, or having insane ancestors or kindred,	525
Religious,	173	Periodical,	381
Property,	107	Homicidal,	22
Disappointed Affection,	63	Have committed Homicide,	16
Disappointed ambition,	33	Suicidal,	213
Epilepsy,	49	Have committed Suicide	10
Puerperal,	56	Arising from physical causes,	807
Wounds of the Head,	23	Arising from moral causes,	604
Abuse of Snuff and Tobacco,	9		
Many not classed			

The causes as operating with different force on men in various occupations are shown in the following extract:

"Of the 160 farmers, 32½ per cent. became insane by intemperance, 14½ per cent. by the secret vice, 13¾ per cent. by religious influences, and 12½ per cent. by trouble respecting property.

"Of 91 laborers, 60 per cent. are from intemperance, 14 per cent. from the secret vice, 6½ per cent. from religious influences, and 13 per cent. from trouble about property.

"Of 46 seamen, 54 per cent. of the cases are from intemperance, 11 per cent. from the secret vice, 11 per cent. from religious influences, and 5½ per cent. from trouble about property.

"Of the 53 who pursue active mechanical trades, carpenters, blacksmiths, &c., 35 per cent. arise from intemperance,

13 from the secret vice, 11 from religious influences, and 13 from anxiety about property.

"Of the 155 who pursue light and sedentary employments, including merchants, printers, students, and shoemakers, 12 per cent. arise from intemperance, 50 per cent. from the secret vice, 9 from religious influences, and 11 from anxiety about property.

"Of 17 professional men who have been in the Hospital, 4 per cent. became insane by intemperance, 6 by the secret vice, 1 from religious influences, and 3 from anxiety about property."

Per Cent of Recoveries compared with the Admitted.

"There have been in the Hospital 2013 patients, of whom 916 have recovered, which is - - - - - - - - - - - - - - - - - - 45½ per cent.

"There have been admitted to the Hospital the last year 236 patients, and there have recovered 124, which is - - - - - - - - - 52 per cent.

"There have been admitted 127 cases of duration less than one year, of these 93 have recovered, which is - - - - - - - - - 73 per cent.

"The per cent. of recoveries of recent cases is very large in the American Institutions, which speak well for the correctness of the moral and medical management. The treatment of the insane in all the American Hospitals is on the same principles and the appliances very nearly alike in each. Some depend upon *medicine* more than others, but when it is prescribed, it is nearly the same in all."

Dr. Woodward, the untiring attendant, relates at considerable length the moral and medical treatment of the inmates of the institution. Although less professional than any other part of his interesting report, we give his account of the "*Religious Exercises*," and with it conclude this hasty notice. with an expression of our gratitude to this benefactor of his race.

"The religious services of the chapel have been conducted. the past year, by our Chaplain, the Rev. George Allen, with his usual fidelity and ability. He has not only officiated twice on each Sabbath, but has attended devotional services

each evening in the Johonnot Hall, at which a large proportion of our whole family have usually been present. Reading a portion of Scripture, singing and prayer constitute this exercise.

"We feel that the experiment of religious services and instruction at this Hospital has been wholly favorable, and far more extensively useful than was at first anticipated. A larger class have been able to attend than was then expected, and the individuals whom we at first supposed might be excited and injured by these services, have been found to attend with entire tranquillity and composure.

"The influence of religious instruction at daily prayers, and weekly in the Chapel, has given our patients favorable impressions of the character and designs of the Hospital, and has increased their confidence in the good intentions of the officers.

"In many instances, religious instruction has left influences far above its moral effects on the management of the insane. It has made permanently good impressions upon the character of individuals, amending the heart, improving the life, awakening a sense of religious obligation, and transforming the habits from levity to sobriety, from dissoluteness to the proprieties of rational life.

"Religious instruction is here, as elsewhere, designed to strengthen and encourage us in the way of virtue, to regulate and guide the wayward, to awaken the hopes, and to afford comfort to the anxious and desponding, to calm and traquilize the agitated, to do us all present good and prepare us for an heavenly inheritance.

"A large portion of the insane are fully capable of appreciating these influences in all things but such as relate to their particular delusions. They know *right* from *wrong*, *good* from *evil*, and when hurried by passion or impulse into improprieties or mischief, as fully repent and regret the consequences of their errors as other individuals. If this be true, then surely they should come under all the influences that tend to disengage them from error, and guide them in the way of duty. With a motive strongly presented to them, they can control their feelings and govern their conduct. What can more effectually reach the main-spring of action in their minds than religious truth, presented in the right manner, and with the right spirit?"

ART. VII.—*A Treatise on the Diseases and Special Hygiène of Females.* By COLOMBAT DE L'ISÉRE. Translated from the French, with additions. By CHARLES D. MEIGS, M.D. Professor of Midwifery and the Diseases of Women and Children in Jefferson Medical College, Philadelphia; Member of the American Philosophical Society; of the Philadelphia College of Physicians; of the Philadelphia Medical Society; and Physician to the Lying-in Department of the Pennsylvania Hospital. *With wood cut Illustrations.*—Philadelphia: Lea & Blanchard. 1845. 8vo. pp. 703.

We devoted an article in our last number to the excellent work of Ashwell on the complaints of women. The volume before us is devoted to the same class of subjects, and is the production of one who, like the author of the former treatise, has seen much service in his profession, and reached an eminent position in it. One is the work of an Englishman, and the other the work of a Frenchman; both experienced, practical, learned men, who have written from the stores of observation made at the bed-side. The former work comes to us in the language used by the author; the latter appears under the disadvantages of a translation—and this may account for the obscurity in some of its descriptions of which we have heard complaints. But there is this further difference between the works, that Ashwell confines himself particularly to those complaints of females which are remedied by medicine, while Colombat has given to his treatise a surgical character, intending it to be a guide in those cases especially where an operation is demanded. While, therefore, they seem to cover the same ground they depart from each other so widely in numerous points, and afford instruction so diverse, but at the same time so important to the practitioner, that we shall run no risk of repeating what has been already said if we enter upon a somewhat extended notice of the treatise of M. Colombat De L'Isère.

The translator justly styles it a "very learned work." Every page bears testimony to the high attainments of the

author. In this volume he has cited more than a thousand authorities. We say it not in admiration, nor as affording any proof that the work is especially fitted to assist the practitioner in the discharge of his arduous duties, but we state it as a fact to which both author and translator appear to have attached some importance, and which ought, therefore, to be made known. Besides, the circumstance is not without its interest to a certain class of readers, however it may fail to command the regard of the physician seeking only for practical knoweldge. The citation of authorities is of great convenience to the student or writer, who may wish to extend his researches upon any particular subject. And even the quotations from the Latin poets are to our taste; they are as flowers strewed along the rough pathway of science. We like the sententious sayings of Horace and Seneca, and are amused by the whimsical conjectures of Ovid and Lucretius. In a word, we have experienced in the perusal of Colombat something of that pleasure which one derives from reading Burton's Anatomy of Melancholy, the only book, according to the great lexicographer's own confession, that ever took Dr. Samuel Johnson out of bed two hours sooner than he wished to rise. This, we trust, with some will be a recommendation.

We will allow our author to explain for himself the plan of his work, which will afford a correct idea of its general scope. He says:

"To complete our prefatory sketch of the plan of this volume, let us remark, that previously to entering properly upon our task, we have given—1. Four chapters, comprising the history of the physical, moral and physiological changes that occur in women at different periods of life. 2. The varieties of conformation; the surgical anatomy of the sexual organs, and the sympathies of the womb. 3. The different methods of exploration of the genitalia, and the history of the speculum uteri. 4. The general causes and a synoptical table of the diseases of females. It should be likewise observed, that our anatomical and physiological details are confined to considerations applicable directly to pathology and therapeutics. Under the conviction that all epochs and all nations are trib-

utary to medicine, and that to shut up this noble science within the narrow boundaries of an age or a nation, is to do it injustice, we have neglected none of the materials furnished by antiquity, by the middle ages, and by cotemporary medicine of all countries. It will be perceived, that in stating a variety of opinions, of experiments, and of curious cases, scattered throughout many volumes, numerous collections, and French and foreign journals, we have scrupulously quoted the sources whence they were obtained. Lastly, in order to render our work as complete as possible, we have brought it to a conclusion by a long chapter on the special hygiène of the female; and hoping thereby to secure the better attention of the reader, and especially to lessen the dryness of the descriptions, we have intercalated throughout the whole extent of the work, historical facts and many curious and interesting cases."

The description of the "phenomena of puberty," in the first chapter, is in the style of Buffon, and would be considered a little too highly colored to suit "the lovely dears" of this country, but we will not dispute its fidelity on that account; there may be, as Coleridge expressed it, such a thing as "*human* nature and *French* nature."

Under the head of the "phenomena of menstruation" our author refers to many curious cases and opinions, and among others to the popular one of lunar influence upon the catamenial revolution, which he quotes as reduced to a proverb by the poet:—

"Luna vetus vetulas, juvens nova luna repurgat."

We suppose that there is about as much foundation for this belief as for the other very general notion of the influence of that luminary upon the weather. Every day in the year, every hour, perhaps it might be assumed, the rains are descending upon some portions of the earth, while drought is prevailing in others; yet the moon is assumed to be the cause of both. And in like manner it brings on the "menstrual travail" in one woman, and postpones it in another. In one it induces the menses at the change, in another at the full, in some about the quarters, and in many during every day of

the lunar month. It is a most potent luminary which can shed such influences over our earth and its inhabitants. And yet M. Colombat finds authorities enough in favor of this ancient opinion.

Of the recurrence of the catamenia after a long cessation, he gives the following example:

"The Duchess of D., celebrated as much for her wit as for her admirable literary talents, assured me that, having ceased to menstruate at 35, she supposed she had reached her *critical* age; the more especially as she became marriageable at an early age; but at about her 45th year, that is to say, after ten years of menstrual suppression, she again became regular. From that time the duchess, who is at present 53 years of age, has been as regular as she was in her youth."

Prof. Meigs subjoins a long note to the remarks of our author on the cause of the menstrual revolution. He adopts the theory of Negrier, Gendrin, and Lee, that it is a reproductive effort in the system of the human female, corresponding to the "*rut*" of the lower animals—that every such effort is attended by the rupture of a Graafian vesicle, and that this event constitutes the essential feature of menstruation, or, as Raciborski expresses it, "is menstruation itself." According to this view, "the menstrual hemorrhage is but a secondary phenomenon" in the function, the capital one consisting in the "maturation and the periodical discharge of the ova or the '*ponte*' (laying)." Prof. M. states the doctrine more at length in the following paragraph:

"But it is universally admitted that the human female, unlike the other mammals, has no stated season of reproductiveness; that she is liable to fecundation at any period of her reproductive age. Hence it appears clearly that a necessity exists for her evolving and perfecting the germina of her offspring, throughout the entire series of years from puberty until the arrival of her critical age. Supposing her to be perfectly regular, and never to become pregnant, she would, in the course of thirty years, have nearly four hundred menstruations. If, now, each menstruation is to be taken as the

sign of her constitutional aptitude for fecundation, it is a just inference that such aptitude must bear a close relation to the perfectness of the germ-cell or ovulum of the Graafian vesicle. Let it be admitted, then, that a vesicle is always found to have been discharged in the cases of women dying suddenly in the menstrual act, and it does not seem to be a violent wresting of the facts to apply them to the solution of this great problem, the cause of menstruation. MM. Gendrin, Negrier, Lee, Raciborski, and Bischoff all concur in the statement that in menstruation the ovarian vesicle is burst. with loss of the ovula and granules or retinacula—that the ovarian stroma and indusium are highly injected and vascular —that a similar condition exists in the tube and womb, and thus is sufficiently established a hyperæmic status of the internal genitals, to account for the entire local plethora or uterine hyperæmia, whose result is the menstrual discharge. Here, at last, we see established the doctrine of a local plethora as a cause of menstruation, and that plethora resting on a sure physiological basis—the regular periodical development, to wit, of the Graafian vesicle with its contents."

The facts adduced in this passage account for the circumstance of which all practitioners must be apprised, that women sometimes become pregnant without having observed any show of the catamenia. Raciborski speaks of women who have given birth to several children without having ever seen the menses; and in such, he remarks, the menstrual act is confined to the expulsion of the germinal vesicle. The theory is an exceedingly interesting one, and we conceive that room is much more profitably occupied in giving an account of it than, after the fashion of M. Colombat, in citing the opinions of Hippocrates and Aristotle concerning the nature of the blood of the menses, or in quoting the ridiculous assertion of Pliny, "that it is a fatal poison, which deprives seeds of their fecundity, destroys insects, blasts the garden flowers and grapes, and causes fruits to fall from their branches." The periodicity of the discharge, which M. C. regards as so inexplicable, Prof. M. thinks, ought not to be deemed any more mysterious than the eruption of the first and second teeth, the growth and fall of the hair or the beard, or than "the pe-

riodical affections of the sphincters under a regularly operating law in physiology."

We have spoken of our author's powers of description; the following is the vivid picture which he draws of the "phenomena of gestation:"

"Scarcely has conception taken place when the vital forces of the womb assume new strength, and radiate to the rest of the economy the most extrordinary sympathies and the most powerful reaction. The relations of the womb with the brain appear to become more intimate; the circulatory, the digestive and the respiratory organs are subjected to an unusual stimulation, and their sympathy with the gestative organs, whether greater or less, is announced by syncope, convulsions, faintness, dyspnœa, disgusts, and perverted appetite; by spasmodic colic and a variety of other appearances which are also signs of pregnancy. The nervous susceptibility is augmented, the inclinations and passions are changed, the sensations become more acute, and the force of the intellectual faculties is sensibly increased on the one hand, or, on the other, lessened; the imagination is more excitable and the judgment less sound. Women have been found to become insane in pregnancy, some have become musicians or poets, and some have acquired a thievish propensity. Their will loses its strength; their affections are less constant; antipathies, anger and even cruelty are occasionally met with in the sex, whose natural and inherent inclinations are marked by gentleness, goodness, compassion, tenderness, an exquisite sensibility, and the most eager desire to console the unhappy."

In regard to the period of life at which the cessation of the menses occurs, Professor Meigs has given a tabular statement of 183 cases, which is as follows:

21	years	2	37	years	4	48	years	8
24	"	1	38	"	7	49	"	7
26	"	1	39	"	1	50	"	12
27	"	1	40	"	18	51	"	4
28	"	1	41	"	10	52	"	8
29	"	1	42	"	7	53	"	2
31	"	3	43	"	4	54	"	5
32	"	2	44	"	13	55	"	2
34	"	4	45	"	13	56	"	2
35	"	6	46	"	9	57	"	2
36	"	7	47	"	13	60	"	1

M. Colombat, upon the authority of Orfila, relates the case of a woman who gave birth to seven children, the first at forty-seven, and the last at sixty, who was regular at her ninety-ninth year, and died at the advanced age of one hundred and fourteen. He cites other instances of fecundity in old age, but none quite so remarkable as this. Pliny, for example, knew a Roman matron who gave birth to a son at sixty-two, and the great Haller mentions a woman who was "still regular at seventy, and brought to bed at that age." The author himself had a relative, the mother of ten children, who never ceased to menstruate from the age of eighteen to her seventy-third year. Many females, his experience has taught him, are unwilling to confess that they have lost this characteristic function of their sex, and desire to dispute every inch of ground with the advance of old age:

"They invariably conceal the ravages of time, and converse with evident disquietude of the close of their spring-time of existence, even when the faded traces of beauty, and the stealing traces of grayness in the hair proclaim the approach of winter. Delivered from the discharge attached to the important functions of the uterus, the woman loses along with it the power of conceiving, and ceases thenceforth to exist as for the species."

This period safely over she is less exposed than man to the assault of many maladies, "and is more likely to run a long career of existence."

The second chapter of this learned work is devoted to "the varieties of conformation, the surgical anatomy of the genital organs, and the sympathies of the womb." Under the latter head, the author finds an opportunity of indulging his propensity to quote the ancients, and Plato's extravagant fancy is referred to, "that the womb is a wild beast that obeys no reason, but which, when its desires are unsated, wanders about within the body and excites all sorts of irregular motions." These sympathies are well known to every practitioner, as influencing all the diseases to which females are

liable. M. Colombat refers to cases of aphonia produced by a sympathetic action of the womb. We have distinctly before our minds, at this time, a case of this kind which gave us much concern many years ago. We were at a loss what to make of it, and got our first conception of its pathology from Dr. George Thompson, of Tennessee, who had witnessed similar cases; he called it hysteria, a form of which it unquestionably was. The woman was of the middle age and hysterical, had borne six or seven children, and was then in the first months of pregnancy. The aphonia lasted during the period of utero-gestation, and was attended by a general loss of muscular power; but both voice and general strength returned shortly after the birth of her child.

Particular directions for "Touching," and for the use of the speculum are given in the third chapter, to which the translator has added some practical remarks on auscultation as a resource in cases of questionable pregnancy. He says—

"It is not to be doubted that the use of the stethoscope may, in some cases at least, enable us to detect the sensible signs of pregnancy, if the child be alive, as early as the end of the fourth month of gestation. By its use, also, we may be very correctly determined as to our course of action, since it reveals with clearness the state of the child's circulation. Now, if we find that the pulsations of the child in utero are becoming dangerously disordered, either by excessive precipitation of the heart's action, or extreme feebleness, irregularity or slowness of the same, it is manifest that we have possession of the means of deciding whether the security of the infant demands our intervention, in the way of some obstetrical operation, as the use of forceps, &c. So, also, where, in a bad labor, we have repeatedly recognized the situation and activity of the fœtal heart, if upon carefully seeking for them in the same place, it being impossible for them to have changed their place, we have the elements of an *opinion* as to some operation of cephalotomy, &c., which we might have been highly inclined to perform, but from our respect to the rights of the fœtus—rights which cease with the cessation of its life. Doubtless, also, by means of auscultation, we may gain great light as to the diagnosis of position, to the saving for the patient much of the distress or pain that an exploration with

the whole hand could not fail to give; an exploration now often unnecessary, by the gentler intervention of auscultation.

"In the diagnosis of pregnancy from dropsy, and various other forms of disease, which, by their exterior physiognomy, so closely simulate several stages of gestation, the methods by auscultation are invaluable."

In the fourth chapter we have the "general causes and synoptical table of diseases of females." These the author divides into six sections: as 1. *Lesions of form and development.* 2. *Lesions of situation.* 3. *Physical lesions.* 4. *Vital lesions.* 5. *Lesions of functions.* 6. *Lesions appertaining to reproduction.*

Occlusion of the sexual organs constitutes a malady of the first class. It may be from union of the labia or of the nymphæ, from excessive development of the nymphæ, or of the clitoris, or from imperforation or other deformity of the vagina. A case of imperforate hymen is reported by Dr. Sutton on a preceding page of this number, in which the relief afforded by an operation was complete. But all cases of this description have not an equally favorable issue. Colombat states that the sudden escape of the fluid sometimes renders it impossible for the parietes of the womb, too suddenly emptied, to contract immediately, a circumstance that often gives rise to fatal inflammation, and to fever of a bad character. When very young in the study of our profession we remember to have heard our preceptor, the late Dr. Wilson Yandell, of Tennessee, relate the particulars of such a case. The subject, a young woman, had long suffered with retention of the menses before the nature of her complaint was suspected. When the operation, rendered necessary by the malformation, was performed, a dark colored, sanguineous fluid was freely discharged with the immediate relief of all the pressing symptoms. But the evacuation of the fluid was followed by great tenderness in the region of the womb, and other symptoms of metritis, from which the patient continued to suffer for many weeks. In the end, however, she recovered. To

obviate the danger of a sudden evacuation the author proposes to make a small aperture in the hymen. The organs are thus permitted to return by degrees to their natural dimensions. But such a mode of procedure is not always admissible, and the membrane must then be freely incised. In some cases it is found to be thick, and extremely unyielding; in some, two membranes exist. The details of our author on all these points are curious, and will reward the careful perusal of the practical accoucheur.

In section second we come to our author's "lesions of situation," embracing all the displacements of the womb, various hernias of that organ, and of the vagina, vaginal cystocele and enterocele, vulvar enterocele and cystocele, descent of the internal membrane of the vagina, and invagination; in all, thirteen varieties. As in all other parts of his work the facts and authorities cited by M. Colombat on these heads are abundant, and of the former some are so startling that the translator deems it necessary to caution the reader against their too ready reception. Thus M. C., speaking of the possibility of conception in cases of prolapsus uteri, says—

"An incomplete descent of the womb does not prevent conception. We had charge of the case of an itinerant fish-woman, who become pregnant and was safely delivered, notwithstanding she had a prolapsus in which the tumor projected an inch beyond the labia. While she was lying down the womb retreated as much as eighteen or twenty lines within the vagina. Impregnation might possibly take place even in a case of almost complete procidentia, but in such a case the coitus must take place directly within the uterus itself."

Upon which Prof. M. remarks, "This is a statement that I look upon as wholly incredible."

M. Colombat proceeds:—

"Choppart cites, on the authority of Marignes, the instance of a female, who had, from the age of fourteen, been troubled with a prolapsus that slowly increased. The husband of this girl had no children by her until, after a considerable

length of time, he dilated the orifice of the womb, and consummated the act of generation in its very cavity. The pregnancy was in all respects natural, but at the time of her confinement, they were compelled, on account of the rigidity of the os uteri, to make two incisions into it on opposite sides; after which the child was born dead, and the mother recovered without difficulty."

Prof. M. again interposes his caveat in the following terms:

"Such relations as the above require a stronger confirmation before they should be deemed credible. They are necessarily hypothetical as to the important steps of the doctrine."

"Pessaries and their varieties" are treated of in this connexion. The subject is a fruitful one, and has elicited no little contrariety of opinion, one practitioner declaring that "if he ever did any good in his life, it was by pessaries," while others of large experience and sound judgment discard them altogether. Professor Miller, of the Medical Institute of Louisville, after a long trial of the instrument in all its modifications, does not hesitate to express his doubts whether its use is ever beneficial or proper. Our author urges many objections to the use, or what the translator insists are the abuse, of the pessary; and Prof. Meigs admits that "great abuses are met with in the prescription and use of the instrument," but at the same time maintains, that "a great many persons are restored to health, and many preserve a tolerable state of health by their use, who, but for such aid would become irremediably diseased, or pass a long life of suffering. Beyond dispute, he adds, "there are women who can enjoy neither comfort nor health without the aid of these remedies, which, as our author states, are sanctioned by the common consent of the profession for ages past." We shall not attempt to decide in this controversy, but content ourselves with quoting from M. Colombat what may be said respecting the *choice of a pessary.*

"According to most authors, the round pessary is indicated where the diameter of the vagina is small; but, under con-

trary circumstances, choice is generally made of an oval, or gimblette, or figure of eight pessary.

"The stem or bilboquet pessary is chiefly used where the axes of the superior strait are very large, and the woman emaciated; or where the walls of the vagina, on account of their weakness and flaccidity, could not readily retain the instrument that is placed within them for supporting the womb.

"The pessary *à bondon* is reserved for cases in which the vagina is still prolapsed, notwithstanding the uterus itself is reduced. The elytroid pessaries, which, in many cases, supercede the others, are perhaps better suited than any others for the cases of anteversion and retroversion of the womb; in which we must raise that end highest that is designed to keep the womb in situ—of the particular deviations of which we shall hereafter treat. The cylindrical gum-elastic pessary of Dr. Rognetta fulfils the same indications perfectly well, and is especially excellent as a remedy for vaginal enterocele and cystocele.

"Where the patient has been troubled with a very copious uterine or vaginal catarrh, the use of the pessary ought to be deferred until this particular malady shall have been removed or at least much amended; for the presence within the vagina of such instruments could only increase the evil. In doing this we should but follow out the principle laid down by Boyer in his *Treatise on Surgical Diseases*, tom. x., where he says that the pessary should never be employed except in cases where the os uteri is neither engorged nor painful, and where we are certain that the symptoms experienced by the patient are dependent upon displacement of the womb, and not upon engorgement or elongation of its neck."

The "accidents connected with the presence of a pessary in the vagina" make a pretty long chapter, and are so formidable that they should "give" the young physician "pause" before deciding to introduce one. Thus, to sum up only a few, they never fail to excite irritation, they impede the functions of "defecation and urination," often produce insupportable pain in the loins and neighboring parts, without great cleanliness on the part of the woman they become incrusted with calcareous matter, "exciting inflammation and change of texture, ending in the formation of purulent vegetations that exhale the most repulsive odor," permit the neck of the womb

to become engaged within the central opening, if that chance to be too large, and in this way give rise to strangulation "and the most serious consequences." More than all this:

"The action of the mucous apparatus being increased, acquires an exaggerated vitality that gives rise to vegetations that become so abundant as not only to fill the vagina, but to cover up the whole pessary and completely conceal it from the touch. Désormeaux, the father of the professor whose recent loss we deplore, was obliged to excise a great number of vegetations before he could succeed in extracting a pessary that had perforated both the bladder and the rectum. Professor J. Cloquet, in consultation in the case of a lady under treatment for cancer of the vagina, found the canal filled with fungous vegetations: having decided to remove these fungous masses, he discovered a pessary within the vagina and extracted it. The instrument which had been forgotten for 10 years, was completely covered with fungous matter and coated with a calcareous incrustation."

The complications contra-indicating the use of the pessary, and the indications of treatment in certain peculiar cases are pointed out, after which we have a discussion of the chances of cure. These are not great in the opinion of the author, but it is an interesting fact, as stated by the translator, that many women recover from very troblesome prolapsus, by a succeeding pregnancy.

Extirpation of the prolapsed womb, the *ultima ratio* of the surgeon in such cases, forms the subject of the next section. It is never to be resorted to except in the last extremity—*in evidenti mortis periculo*, but is then justifiable, as the experience both of ancient and modern surgeons abundantly testifies. A year or two since we published a case in this Journal in which the uterus was removed by Dr. Esselman. of Nashville, having been mistaken for a polypus, the result of which was fortunate. The method of performing the operation is given.

Respecting the cause of *anteversion and retroversion of the womb*, our author and his translator do not exactly coincide in their views. Both agree that while retroverson is an ac-

cident of almost daily occurrence, anteversion so rarely takes place that an accoucheur may pass through a long lifetime without meeting with more than a few cases of it. But they do not give the same reason for it. M. C. says—

"The explanation of the infrequency of the former and the frequency of the latter or retroverted state, is naturally found in the difference introduced by gestation into the relation of the parts. In fact, the posterior wall of the uterus, which, in the non-gravid state, is more convex than the anterior one, really dilates in pregnancy more rapidly than the anterior face, so that the fundus uteri naturally tends to follow the heaviest portion, which drags it downwards, that is to say, backwards, unless it is stopped by impinging on the face of the sacral curve. This is the reason why one of the principal predisposing causes is a too deep concavity of the sacrum. Another anatomical arrangement, which also tends to prevent the occurrence of anteversion in pregnancy is, that the anterior face of the womb, as it becomes more and more convex, encounters the symphysis pubis, and thus has a *point d'appui*, which tends to repel the organ in a backward direction. It is easy to understand the mechanism of retroversion, and the infrequency of anteverson during gestation, by reflecting that, on the one hand, the greater weight of the posterior wall of the womb draws the organ down towards the sacrum, and that, on the other hand, the retroversion takes place only because the cavity of the sacrum is excessive, allowing the womb to be jammed into it, either by a distended urinary bladder, or by the appui of the os uteri against the symphysis of the pubis; the broad ligaments, becoming shorter and shorter, should tend to hold up the body of the womb in the excavation, but the sacro-vertebral angle hinders its rise, and compels the fundus to incline backwards, and lodge at last in the hollow of the sacrum."

Prof. M.'s explanation of the phenomenon is as follows:

"I have met with a very considerable number of cases of retroversion of the womb, and though familiarly conversant with medical affairs for more than thirty years, I have not been able to meet with more than one single decided sample of anteversion of the organ. As I do not altogether agree with our author in the views he has presented us under this

head, I shall take this opportunity to express, very briefly, my own opinions upon the subject.

"I should judge, from the great number of cases for which I have been consulted—cases coming to me from nearly every State in the Union—that great suffering is by many persons endured, under the idea that the patient has either a prolapsus, or an irritable uterus, or some derangement called disorder of the womb, and which is supposed to be curable by rest, or tonics, or sea-bathing; but which, in fact, can be cured only by the reposition of the dislocated organ. By inspecting the organs in *situ naturali*, on the anatomical subject, it may be clearly seen that the fundus uteri has a very free vibration backwards and forwards; and that it is only restrained from falling quite down, backwards, by the ligamenta rotunda, which, coming off from the angles of the uterus, and being inserted on the front of the pelvis, cannot permit a retroversion to take place, unless they are morbidly relaxed and extended. A woman who has a very large pelvis, and who allows her bladder to become enormously distended, will be always liable to retroversion during such distension, especially on the occurrence of any sudden effort or succussion of the abdominal muscles—as in a fit of sneezing, coughing, or laughter. A jump from a carriage-step, or a chair, or a trip on the pavement, while the womb is pushed backwards by the full bladder, may suddenly and even instantly jam the uterus under the promonotory of the sacrum, which, introducing a tenesmic feeling, is followed by bearing down efforts, every repetition of which aggravates the mischief. If the woman be non-gravid, perhaps she will empty the bladder, and the womb, raised upwards again by its anterior cords—its round ligaments—is not suspected to have been retroverted; but, if she be pregnant at two and a half or three and a half months, and the fundus be once jammed below the promonotory, it will probably remain there, even after the bladder shall have been perfectly emptied by the catheter. I have seen it remain so after the most complete evacuation of the urinary bladder, by the catheter. Let the reader think, for a moment, that, when the bladder of urine fills, it fills and distends backwards, not upwards; but it cannot contain a pint measure of urine without pushing the fundus backwards; and when the bladder can retreat no further in that direction, if the distension goes on, it rises upwards in the belly, towards the umbilicus, pushing the hypogaster outwards, whose curve is visibly augmented thereby.

"Let a woman two and a half months gone, get into a stage, or rail car, having neglected to empty the bladder beforehand; if she set off on her ride with eight or ten ounces in the organ, and is prevented for some hours from relieving herself, she will hardly reach her journey's end without having retroversion; and when she attempts to relieve the bladder, is found to labor under a total suppression of urine, or, at least a most painful dysury. I have seen such cases.

"A woman who has the habit of permitting large accumulations to take place in the bladder, can hardly fail in the long run, to relax and overstreatch her round ligaments so much as to render them at last useless to her. I am acquainted with more than one lady, whose round ligaments are so loose and useless, that the womb falls over into the hollow of the sacrum, from the slightest effort that she makes. I have had to reposit it many times, and, in doing so, have found the fundus turned quite down to the lower third of the sacrum. I do not think the weight of the superincumbent bowels has, in general, much, if anything, to do with producing retroversion. I look upon it rather as a case of relaxed round ligaments, and suppose that if there were any surgical means of shortening them, the womb, even one most prone to retroversion, would thereby be deprived of the liability to become retroverted; unfortunately we possess no such means. There can be little reason to doubt of the *contractility* of the round ligaments: certainly they seem, in some persons, to be at one time so relaxed as to allow the uterus to fall backwards with the greatest facility, and then they retain it for months in its natural situation; after which, they again permit the retroversion to take place again and again; to be succeeded by a period in which they are strong enough to prevent it, perhaps, during the remainder of the woman's lifetime.

"In retroversion, the os tincæ is drawn upwards behind and even above the top of the symphysis pubis. This state of the os uteri is attributable partly to the fact that the fundus, resting upon the lower portion of the sacrum, compels the other end of the organ to rise into the situation above mentioned; and this especially in such as have a gravid or otherwise enlarged womb. It should be remembered here that the pelvis, measured in an antero-posterior direction from the top of the symphysis to the lower third of the sacrum, is at least four and a half inches in length, but the womb itself is not more than three inches or three and a half inches in length. Hence, when the os uteri is forced up in the situation mentioned, it must be either because the womb is enlarg-

ed by pregnancy or by disease, or else because it is strained upwards in that direction by the contraction of its overstretched round ligaments, which are now nearly parallel with the long diameter of the organ. Women, under retroversion, do certainly feel much pain in the groins and pubis from the strain on the ligamenta rotunda. I am very sure that a person in whom these ligaments are still in a healthful and natural state of tone will be extremely unlikely to have a retroverted womb; and that, where the accident has happened, it will only be necessary to give a slight help towards the reposition to make the ligaments draw the fundus upwards and forwards again, and retain it in *situ naturali* when once reposited."

For the treatment of retroversion we again quote from Prof. M.

"In certain cases of extreme difficulty encountered in the attempt to reduce the retroverted womb while the patient was lying upon the side or the back, I have readily effected the reposition, upon directing the woman to place herself upon her knees, with the thighs at right angles to the bed and perfectly vertical, while the top of the thorax, or rather sternum, should be in contact with the mattress. In such a position, not only is the weight of the viscera taken off, but what is of greater consequence, the power of tenesmic resistance is wholly abolished, while the position favors, in the highest degree, the reposition of the womb. In this posture the woman cannot bear down. I consider such a position as favoring the reduction in a degree far greater than the large bleedings recommended by Dr. Dewees, who bled ad deliquium for the purpose of abolishing the tenesmic power, or the power to bear down, which he considered as one of the chief obstacles to success. In such a position the surgeon can hardly fail of success, except in cases where reduction is rendered impossible from adhesions contracted in consequence of a long chronic state of retroversion—such cases are to be held as incurable."

We shall not attempt to follow our author through the details into which he enters concerning obliquities of the womb, nor to give an abstract of his views relative to inversion of that organ, to the consideration of which he devotes many

pages. In like manner we shall pass without remark over the subjects, "elevation of the womb," "immobility of the womb," "hysterocele," "inguinal, crural, and ventral hysterocele," "hernia of the ovary," "vaginal cystocele, or hernia of the bladder in the vagina," "prolapsion of the mucous membrane of the urethra," "vaginal enterocele," and several other displacements, for the correction of which ample instructions are laid down under each head. And with the conclusion of these topics we reach the author's physical lesions.

To facilitate the study of the physical lesions of the external and internal genital organs of the female, he divides them into three classes:

"1. Contusions, wounds, and lacerations of the vulva, perineum, vagina, and uterus; ruptures of these organs; and finally contusions and wounds of the mammæ.

"2. Vesico-vaginal, utero-vaginal and recto-vaginal fistulas.

"3. The accidental introduction of foreign bodies into the genital cavities.

Rupture of the perineum is known to be a somewhat frequent, as it is a very distressing occurrence. Prof. Meigs entertains the belief that the proper support of the parts in labor would almost always prevent that accident, as will be seen by the subjoined extract:—

"The direction to support the perineum above given is insufficient; it should have been more explicit, as I am convinced that the instruction in the medical schools does not fully inform the young practitioner of the motive for the rule. The direction ought to be, to press the perineum in such a way as to make the head turn upwards in front of the symphysis in proportion as it emerges more and more from the pelvis. It should be to cause the head by supporting it, to move in coincidence with Professor Carus' circle. Now, Carus' circle, is a circle whose radius equals the semi-diameter of the pelvis, measured from front to rear. To draw this circle, take a pelvis and saw it through at the pubis and sacrum so as to divide them vertically. Set one leg of a compass on the posterior margin of the cut surface of the symphysis, open the other leg to half the diameter of the exca-

vation, and with that leg describe a circle in the pelvis. This is Carus' circle, and it indicates the curved axis of the pelvis. It is along this axis that the centre of the head moves as it is born; and to hold the perineum, means to make it move until it is born, in coincidence with that line. When this is properly done, lacerations of the perineum rarely occur."

The author cites instances of delivery through an opening in the perineum, and the translator mentions a case in which, the head of the child being delivered, the attendant was unable to bring down the shoulders, and a surgeon was obliged to cut the anterior edge of the perineum before the labor could be accomplished.

When lacerations of the perineum remain uncured they can hardly fail to embitter the existence of the sufferer; yet examples are on record of women who, in spite of the calamity, have gone on to bear children and enjoy a decided degree of comfort. The following is one related by the translator, and we quote it, not as affording any apology to the surgeon for failing to direct all the resources of his art to the correction of the evil, but as holding out encouragement to those who may be the subjects of it.

"Many years ago, a lady here was delivered of her first child, with forceps, under the care of a distinguished practitioner, and suffered a frightful laceration of the perineum, from the effects of which she recovered her health after long and severe sufferings. She subsequently gave birth to two children, under the management of the same gentleman; after which I attended her in all her subsequent confinements, amounting to four.

"Knowing nothing of the peculiar nature of her situation, as she was in active labor, I Touched the child soon after arriving, and discovered nothing extraordinary. Sometime later, as the waters had gone off, I Touched again, and was shocked to find that there were fæces in the vagina, which, at first, I felt disposed to assign to a recto-vaginal rupture, which might have occurred, as I supposed, during some one of the violent throes that she was experiencing. The child was born, however; and, after the delivery of the placenta, I carefully examined the vagina. I now learned that what I had supposed to be a regularly formed vulva and vagina con-

sisted of an opening extending from the posterior half of the anus to the anterior commissure of the vulva, or, what might very properly be called a cloaca; for the anterior perineum had wholly disappeared, and, along with it, all the anterior semi-circumference of the lower part of the rectum, whose anterior margin I felt up within the cloaca, and lying near the sacrum. Under such circumstances, of loss of substance and structure, had she now borne three children, and has had three others since that time. I am assured by her that, except when she labors under some diarrhœa or looseness of the bowels, she has not the least trouble on account of this new state of the parts; discharging her fæces at regular and stated times, and with the same facility as a person in health might enjoy. Moreover, her health is good."

Contusions, wounds and ruptures of the uterus, vaginal, vesico and recto-vaginal fistulas, with their appropriate mode of treatment, take up many pages. The author gives drawings of instruments, not as intelligible as they might be, by which he professes to be able to repair these fistulas with more certainty and safety than were attainable by the old methods of operating. The practitioner who may have the misfortune to be called upon in such a case will refer to the work for its specific directions. Under the head of "foreign bodies accidentally introduced into the vagina, the uterus, and the canal of the urethra," are recitals such as would not be met with in every work treating of the complaints of women, some of which exhibit poor human nature in a humiliating aspect. But if such things are done, some one must record them, and point out the remedy. The author quotes from Dupuytren, whose estimate of humanity was probably not a high one from all that was exhibited to his professional eye in the French metropolis.

We reach the "vital and organic lesions" of our author at about one-third way of his volume, but shall not attempt to give even the most superficial account of any but a few of them.

Prurigo of the vulva is an affection, by which most pregnant women have sometime during their lives been more or less seriously troubled. The author enumerates many reme-

dies for it, but Prof. M. follows Dewees in preferring the borate of soda to every other. He says, he has rarely had occasion to order any thing more than the following formula, although a great many times consulted for the relief of this pruritus:

"℞ Soda borat. ʒss.
Morphi sulphat. gr.vj.
Aq. rosæ distillat, ʒviij.
M. F. to sec. art. misturæ."

It is to be applied three times a day to the affected parts, by means of a sponge, or a piece of linen, the surfaces having previously been washed with tepid water and soap. The result of our experience is that the latter measure alone is sufficient in most cases of pruritus, if applied diligently and at an early period. We incline to believe that the intolerable itching is caused by a morbid secretion of the parts, for which soap and water are the best correctives.

After a few pages given to the consideration of the minor inflammatory affections to which the sexual organization of females disposes them, our author takes up *metritis*, or acute inflammation of the womb, which affection he separates from puerperal fever. With the translator, we deem this an injudicious arrangement, for these diseases, if not identical, resemble each other so closely, that the best view of them is obtained when they are placed in immediate connection. The subjects are of the first magnitude, and have received from M. Colombat and Prof. Meigs the consideration due to their importance. We shall be compelled to refer the reader to the work itself, since we could not profitably abridge these valuable chapters.

Cancer of the womb, prolapsus of the womb, cancer of the breast, and dropsy of the ovarium, are some of the disorders which occupy the author before he reaches the *lesions of the functions.* These embrace disorders of the menstruation, of which some account was given in our notice of Ashwell, hysteria, hysteralgia, and some other kindred affections.

In an elaborate note on hysteria Prof. M. indulges in certain speculations which are worthy of the examination of the physiologist. Perhaps the reader can comprehend these views from the following paragraphs:

"But it cannot be disputed, that the organs exercise each a special influence on the blood, that pabulum of the life and common bond of the members of it. The entire vascular system is lined with a membrane, called by Bichat, the *common membrane* of the sanguiferous system. But that membrane is by no means a unit. As the mucous membrane is not a unit, but is different, as it serves in different places to line organs wholly unlike in their nature and offices, so the common membrane of the blood vessels is everywhere different, as in the vessels of the brain, the liver, the stomach, the reproductive organs, &c.

"Let that membrane be regarded as constituting one single cavity or cyst, the angeiotenic cyst, containing, as in a simple single sac, all the blood of the subject, computed to amount to six hundred ounces. Let it, for the argument sake, be conceded, that the blood in this cyst, as is the fact, is perpetually changing its place of contact with the surface, so that the discs come to be placed in succession, in contact with the interior surface of every organ of the body; brain, lungs, stomach, womb, &c. Can we reasonably then doubt, that each one of these organs, so different in nature and power, taking out, from, and depositing in the sanguine mass the materials for its secretion, and the detritus of its substance, can we doubt, I say, of the powerful influence each one of them can exert on the constitution of the blood? Is it not true, that each organ can and does then modify the crasis of the blood, influence the hæmatosis, and thereby rule and domineer, when diseased, over the law of the life of the organisms, by this single power."

This conjecture, respecting the diverse nature of the sanguiferous membrane in the various vessels, has something plausible in it, but it rests upon too slender a basis of facts to give it any strong hold upon our confidence. Notwithstanding it may come to something; it is certainly ingenious.

The notes and comments of Prof. Meigs constitute a valuable portion of this work, and generally inculcate doctrines

and practice to which the ablest American accoucheurs will subscribe. But one feature about them has struck us as objectionable, and that the sensible and learned author can easily correct. The obnoxious point to which we refer is a certain elation of style, which is out of place in a treatise designed to be put into the hands of students, and to be consulted by practioners in laborious business, who have not made the technicalities of their profession a matter of special study. The following passage contains examples of this fault, and perhaps in a higher degree than any other in the book, but the same fault mars the excellence of too many other passages, which it would be easy to cite. The meaning of the writer does not always shine out clearly through his language. In a word, his views, bordering occasionally upon the transcendental, are too often expressed in words not in common use, and not understood by the majority of readers. This must have been felt in reading some of the extracts already given, and is very palpable in that which is subjoined:

"The vast complicity of the reproductive nerves with the entire of the ganglionic system and the cerebro-spinal nerves therein displayed, would seem sufficient to remove all doubt as to the disturbing power, which, when modified by disease, that system could exert on the other members of the ganglionic innervation, as well as on the brain-nerves, and those of the spinal cord. It is scarcely to be deemed philosophical to look upon the working of the organisms, as a mere concurrence of a given catalogue of organs in carrying on the business of general life, by contributing each its part in the grand scheme of the hæmatosis, the calorification, the innervation, the assimilation, and secretion merely, and without reference to the constitutional influence that each member of the confederacy exerts on its co-members. It is like looking at the operations of a great commercial partnership, in which each partner does his part in the correspondence, the buying and selling merely, when, in fact, each such partner exerts a power to modify the activity of every other member of the concern, beyond and besides his special routine of daily toil. Now, in a community of vital organisms, the nature, whether physical or physiological of the substance called *liver*, is so special, so peculiar, that throughout the whole range of the

tissues, there is no other substance at all like it—it has a peculiar power, a peculiar metabolic or changing power, which it exercises for the conservation of various other parts of the economy. The same holds good as to *brain*, spleen, the stomach, the kidneys, &c. Each one enjoys not an independent, but a special life, and therein possesses the power to modify and control, to a certain extent, all other special lives; and this, too, without relation to the mere secerning and circulating power it enjoys, but in a more extended degree, by virtue of that special and peculiar life, since doubtless the life even of every cytoblast is peculiar and special, and then *à fortiori* is it so as to the organic products of the cytoblasts that compose all our physical frame."

Of the philosophy of this passage we shall not stop to say anything, for this article must be brought to a close, but respecting its style we are persuaded there can be but one opinion. No one, we feel sure, will gainsay our judgment, that it ought to be put upon "a strongly alterative regimen;" and this the author may hesitate the less to do, because there is in his writings so much stamina that they will bear the system well. It is admitted that "a writer has no vocation to give his readers pain," and it is equally clear that he has no right to give them unnessary trouble. So correct a thinker, and so good a teacher as the author of this extract must exert a decided influence upon the medical mind of his country, and he ought to be careful, therefore, to set no example of evil tendency. If medical books generally were written after the fashion of the above passage, the study of medicine would be abandoned. We have admitted that it is the worst passage in the volume; we grant, further, that the subject is a difficult one, and that with what simplicity soever treated the reader would have trouble enough to follow the author through all his refinements. What then must be his case, when the inherent obscurity of the subject is aggravated by the most perplexed style? Clearly, it is hopeless. With this single exception, the labors of the editor upon this treatise are worthy of praise, and, the author himself doubtless would admit, have added substantially to its usefulness.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

A Lecture on the Modern Improvements in Surgery.—(Delivered 4th November, 1844.) Being Introductory to a Course of Lectures on Surgery in the School of Medicine, Park-street, Dublin. By JOHN HOUSTON, Esq., M. D. M. R. I. A. Apology—Chemistry and Histology—The blood—Inflammation—Union by the first intention—Military surgery—Amputation—Lower jaw—Joints—Subcutaneous sections—Autoplasty—Aneurism—Nævus—Tracheotomy—Hydrothorax—Tympanitis—Hydrocephalus—Fractures—Artificial anus—Urinary diseases—Lithotomy and Lithotrity—Rectum—Syphilis.

[CONCLUDED.]

Closely connected with this treatment is that to which the term *autoplasty* is applied. This, which in the first instance was almost confined to separations of lost or mutilated noses, is now applied to an innumerable variety of other similar lesions. Taliacotius in the year 1597, wrote a book on the separations of noses, and although, for long after the appearance of his work, his statements were not credited beyond his own locality, there can be no doubt now, from recent experience of the practice, of his having succeeded well in such operations. His fellow citizens of Bologna certainly believed in his surgical skill in this way, and also venerated his private character, as they erected to his memory a monument, representing him as clad in his professional toga, and holding a nose in his right hand.

From the time of Taliacotius, for nearly 300 years, we

hear little of the operation. Perhaps satire may have had to do with the disrepute into which it fell. A few stanzas like the following, from Hudibras, were well calculated to bring it into discredit:—

> "So, learned Taliacotius, from
> The brawny part of porter's bum
> Cut supplemental noses, which
> Would last as long as parent breach;
> But, when the date of Nock was out,
> Off dropt the sympathetic snout."

In the year 1814, Mr. Carpue, of London, re-introduced it, and from this date up to the present time, the number and variety of the applications of the principle have become so great, that *autoplasty* has been reduced to a science, with names for the different classes and orders of the departments. Thus we have in connexion with the face alone, the operations of *cheiloplasty* (restoration of lips); *stomatoplasty* (opening up of a closed mouth); *rhinoplasty* (cementing deformities of noses); *genoplasty* (the art of restoring cheeks); *blepharoplasty* (repairing eyelids); *keratoplasty* (supplying a new cornea for the eye); *otoplasty* (mending the pavilion of the ear), &c.

There are three different principles or modes on which these operations are conducted.

The first, the Italian mode, as it is called, is that by transplantation; as, for example, where deficiency of the nose is supplied by a piece taken from the arm or other part of the body [showing plates].

The second, the Indian method, or that by twisting; as where the dificiency is made up by dissecting a triangular flap of skin off the forehead, and bringing it down on the nose by such a twist as will permit the outside of the skin to retain its forward position on the face.

The third, or French method, the principle of which consists in pushing or sliding a piece of integument from one place and making it grow on another, to fill up some defect in that direction; as where, after the removal of the scar of a burn, the neighboring skin is loosened from the surface underneath, and brought so as to grow over and fill up the gap.

This Book of Beauty [showing M. Serres's work] shows the practice of one gentleman in this way. There is, perhaps, a good deal of picture-making in it; but to those who may be credulous on the matter, I beg to show a few pictures of cases of my own, for the accuracy and freedom

from exaggeration of which there are many witnesses, and which tempt me to concur in the expression uttered by M. Roux —"Qu'il n'y avait rien d'impossible en faire des restaurations de la face."

The operation of palato-raphé is one of the most interesting and beautiful applications of autoplasty. M. Roux, to whom we are indebted for so much light regarding it, has operated upwards of one hundred times in patients of all ages. I was myself one of the first in this city to practice it successfully [plates]. Sir P. Crampton, Mr. Cusack, and Mr. Hamilton, have also been successful in similar cases. Here is Roux's first instrument for palato-raphé; and here is one of great ingenuity and efficacy, lately invented by Mr. Samuel M'Clean, of this city.

The extension of the practice of autoplasty to other regions of the body has been highly successful. Thus, the canal of the urethra has been restored by Earle, Cooper, and Dieffenbach, by pieces of skin taken from the scrotum. Jobert has applied autoplasty to the cure of vesico-vaginal fistula; Jameson, of Baltimore, and Gerdy, to the radical cure of hernia. Mr. Syme has, I am informed, cured fungi of the testis, which have been first proved by the microscope not to be cancerous, by covering them over with flaps of the integuments, brought from the sides of the tumor. And Clot Bey has successfully practised orcheoplasty even at Alexandria in Egypt; all which I mention as showing how the science of autoplasty, scarcely known more than thirty years, is already cultivated in numerous parts of the world.

Then there is the disease of *aneurism* [pointing to a drawing of a popliteal aneurism, which had caused death by inward bursting and extravasation among the muscles], that terrible malady in which the person who has the misfortune to labor under it—doomed to a premature and sudden death—looks with awful anxiety and trepidation at the throbbings of his heart in the tumor, not knowing how soon the moment may arrive when, by its bursting, his life's blood shall gush out and hurry him into eternity. This disease, for the cure of which ingenuity was supposed to have been exhausted, has within the last year, and, I am proud to say, in this city, been the subject of a new and brilliant light. The hitherto ordinary and most approved method of cure in this affection has been that of tying the artery leading to the tumor, so as to arrest the current of blood and cause it to coagulate in the artery. But this method has one serious drawback—namely, that it involves the performance of a surgical operation, in itself a source of danger

to life. The improvement I allude to, and which has been yet only practised for aneurism of the extremities, particularly popliteal aneurism, consists in accomplishing the same cure without performing any operation at all. The knife and ligature, with all their risks and terrors, are here laid aside, and simple pressure on the main artery leading to the tumor substituted in their stead. To my esteemed friend, Mr. Edward Hutton, is due the introduction into practice of this improvement, one which places his name beside, if not before, those of Hunter and Hodgson, as a benefactor of mankind in this department of surgery.

I find that a case of popliteal aneurism was published in 1831, by Assalini, as having been cured by him by means of pressure on the femoral artery; but his practice has been little heard of and less copied. The late Professor Todd, too, of this city had also, it is true, attempted a similar mode of treatment; but as neither of those cases were known to Mr. Hutton at the date of his first successful experiment, the method adopted and advocated by him may, truly, be regarded as original in his hands.

I have witnessed the development of this improved mode by practice with great interest and satisfaction, and, as far as trials have yet gone, it appears to be not only infinitely more safe than the old plan, but even more efficacious, as out of seven cases of popliteal aneurism, treated in this way in Dublin, within the short period of one year, there has been only one failure, and in that the fault lay in the patient and not in the method of treatment. Following the example set by Mr. Hutton—Dr. Cusack, Dr. Bellingham, Dr. Kirby, and Dr. Harrison have treated cases in this way, and all with equal success. Dr. Bellingham's case, in which a second popliteal aneurism, in the same individual was cured by this means, appears to me of particular value, as doubly proving the efficacy of the remedy. Within the last fortnight, a gentleman of great consequence and of large fortune, but with a constitution under which no operation could have been practised without imminent risk to his life, has been by this simple means, in the hands of Dr. Cusack, cured of a popliteal aneurism of such a size as to have already, in part, made a bursting. The practice has been also tried and approved of in London, by Mr. Liston. I regard it as decidedly one of the most important improvements of the day, in this or in any other country—not inferior even to lithotrity in its capability of effecting positive good, and certainly far its superior in the negative quality of being incapable of doing harm. [Here Dr. Houston exhibited the instruments

used for compressing the artery, showing the several improvements which they have undergone from that first employed by Mr. Hutton to that last used by Dr. Cusack.]

Nævus, or *Aneurism by Anastomosis*, is another affection of the bloodvessels; in the treatment there has been great improvement of late years. These disfiguring and dangerous marks were formerly, when meddled with at all, treated by excision; and the directions most strongly inculcated were to the effect that the act of removal should be accomplished with as much expedition as possible, in order that danger might not arise from the profusion of hemorrhage which was known always to attend the operation. But danger to life was not the only inconvenience of this mode of remedy. Great disfigurement necessarily follows it, when, as frequently happens, some part of the face, such as the eyelids, the nose, or the lip [plates], happens to be the seat of the disease. A more accurate knowledge of the nature of the affection has led modern surgeons to the practice of curing it by the production of inflammation in its texture, and this they effect in a variety of ways, as, by the introduction of setons, sulphate of copper, nitrate of silver, or other irritating material, into its substance; or else, by acting upon it from without, through the medium of stimulating washes, or by inoculation with the vaccine virus. The inflammation thus produced is first followed by an enlargement and hardening of the part, which gives place in a little time to a diminution of bulk, and a return to a somewhat normal state. The orator Cicero derived his name from a pealike nævus of this kind on his nose (*cicer arietinum*, vetches); and if the surgeons of his day had been skilled in the simple means now in practice, and had applied it in his especial instance, doubtless—not to speak of the satisfaction which such a riddance would have been to the gentleman himself—we, at all events, should have been made acquainted with him by some other cognomen.

On the subject of *Tracheotomy*, a very remarkable incident has recently occurred, suggesting new views regarding the performance of that operation. The case of the celebrated engineer, Mr. Brunel, in which half-a-sovereign entered by accident, and remained in the windpipe, has been heard of by all the world. The mechanical ingenuity of Mr. Brunel suggestad to himself the plan of inverting his body so as to allow the coin to run out of, as it had run into, his patulous trachea, and he accordingly made the attempt; but there was an element, a principle here to be encountered, such as is never taken into calculation in estimating the facilities and diffi-

culties involved in the construction of locomotive or atmospheric engines, and which the medical man alone is competent to deal with—namely, a self-acting spasm, the effect and the attribute of vitality, resisting the passage of any foreign irritating substance. Mr. Brunel's plan, in itself, therefore, failed, and the practical cause of its failure lay in the violence of the spasm which the coin produced in the muscles of the rima glottidis at the moment of its contact with that opening; indeed, he was nearly suffocated in the attempt. And here it was that the knowledge of the surgeon, superadded to that of the mechanist, completed the triumph of genius and of art, and saved the man. Sir Benjamin Brodie made an opening into the windpipe close behind the point at which the spasmodic action was known to occur, partly with a view of quieting the spasm (an effect, by the way, first pointed out by my friend Professor Porter, as one of the results of tracheotomy) but chiefly to give air to the lungs by a new and artificial route,, and thereby afford time and opportunity for the foreign body to get past the obstruction. Mr. Brunel's body was then, as before, inverted, and, as was anticipated, the coin ran without farther obstruction from the lungs into the mouth. Never did artistic and scientific skill combined, produce a more marked, a more happy effect. The whole world rang with applause and congratulation.

There are some of what are considered purely medical subjects, to which surgical assistance has been of late most felicitously applied. One of these is what may be termed *acute hydrothorax*, a rapid and great effusion into the bag of the pleura, and the practice to which I allude is that of tapping the side with a fine trocar, so as to give escape to the fluid. A remarkable instance of this novel and bold practice lately occurred in this city, in the practice of my friend Dr. Stokes. A lady, the subject of this affection, was in great agony, and in danger so imminent that her pulse was gone, and she had passed from delirum to coma. On Dr. Stokes's recommendation, the operation of paracentesis thoracis, in the manner just spoken of, was performed. Immediate relief was given, and the patient got rapidly well. Another instance has been related to me by Dr. Stokes, of the same affection, only more chronic in character. Here, the bag of the pleura was so filled and distended, that the heart was pushed by the fluid from the left into the right side of the chest, and the ribs were driven out in the opposite direction. The same plan of treatment was adopted, and with equal success. Even during the process of drawing off the fluid, which amount-

ed to several gallons, the lung could be followed by the stethoscope rising into its place against the ribs, and the heart could be tracked from right to left, until it had finally settled in its natural position. A remarkable phenomenon attended on the sudden change of place in the parts, even although that change had been from an unnatural to a natural position. The lungs and heart became both so violently agitated by the movement, as almost to have had their functions suspended; but, in a little time, and aided by due medical attentions, they settled again—if I may so speak—to their work, and the patient got completely well. The innovation and improvement, as regards treatment, are here two-fold; first, in operating at all in such cases; and, secondly, in substituting a small trocar for the scalpel—the latter change being of so radical a nature as almost to convert the practice by operation into one without operation.

The same kind of practice has been applied, by Sir Henry Marsh, to excessive *distention of the abdomen from flatus*, with the most soothing result, and without any bad effects from the operation. I knew a lady on whom Mr. Cusack, operated several times in this way, in consultation with Sir Philip Crampton and Sir H. Marsh—the operation being performed with a fine trocar and canula,—and each time with much relief to the patient from the most painful suffering.

Even the cavities of the skull are not beyond reach of the exploring hand of the surgeon. Many cases have been of late recorded, and particularly one by my friend, Mr. Richard Butcher, in which the fluid of *hydrocephalus* has been drawn off by tapping, and, as is stated, often with favorable results.

Fractures of bones are not, at the present day, regarded with any of that alarm and apprehension, nor attended with the after inconveniences which formerly succeeded to such accidents. The principles which regulate the growths of new bone, thrown out for the purpose of reparation under injury or disease, are now so well understood, that we comprehend, in every case, as if carried on before our eyes, the several phenomena, in the exact order in which they actually take place, from the beginning to the ending of the process. We know, too, what circumstances are calculated to promote or retard, to render perfect or to spoil, the new growth; and if, from unforeseen or accidental causes, reparation does not go on, we have discovered the means by which to direct it aright, and to conduct it to a perfect consummation. The means to this end I shall explain to you on another occasion. As to the mechanical derangements attendant on fractures,

and their remedies, they are now known with almost mathematical precision. Tell me, for example, the part of any given bone broken, and the cause of the accident, and I shall be able to inform you, without seeing the patient, of the precise nature of the displacement which the fragments have undergone, and, of course, to suggest the mechanical appliances fittest for restoring and keeping them to the right place. Certain fractures, such as Colles's of the radius, Pott's fracture near the ankle, &c., having had attention directed to them by being made the subject of special memoirs, are well known, in this light, by the profession: but it is a fact, and a most important one to be borne in mind, that all fractures, as well as these, are respectively equally fixed and determinate in their mechanical characters and consequences. In a fracture of the middle of the thigh, for example, there is rarely an exception to the rule that the lower fragment, rotated outwards on its axis, lies on a plane behind the upper fragment, in this way [showing specimens], giving rise to two marked kinds of deformity—namely, shortening of the limb and turning out of the toes; and any surgical appliances adopted here should of course, have especial reference to the removal of these two defects, and to the prevention of their return during the period of the healing process, otherwise the patient will have been badly cured, and will feel and complain of the effects of the accident while he lives. Thus, if he happens to be fond of the chase, he will never after sit his saddle in comfort or in safety, from the mechanical change which has been allowed to come over his thigh-bone, at the seat of the fracture, converting it, from a bow-like arch which fits it as if intended by nature for horse-riding, into a straight line, or even changing the convexity of the bow from the outer to the inner side, in a manner to incapacitate it completely for such a purpose. Or, if he be a pedestrian, his limping gait and everted toe will remind him, every morning he rises, of his double misfortune; first, in having met with a bad accident, and secondly, with a bad surgeon—one, as he might say, unacquainted with the modern improvements of his art.

Our knowledge, at present, of the different conditions and results of fractures of the *neck of the thigh-bone*—an accident so common and so afflicting in old age—stands in striking contrast with that of our immediate predecessors. It was held by them that such fractures never became re-united by bone, and, as a consequence, attempts at such a mode of cure were discountenanced as not only unnecessary, but injurious. Such was the theory and practice of even the great Sir Astly Coop-

er. But how far is this changed? We now know that such cases are not only possible, but common. I saw this day an old gentleman who, about two years and a half ago, was under my care for complete, but impacted fracture of the neck of the the thigh-bone. There is now perfect consolidation of the fracture, and he walks steadily and well without the aid of either crutch or stick. We know, too, at sight, what cases admit of union, with tolerable certainty, from those in which the chances of such a happy result are few; and, still further, what is of equal consequence, we have learned the important fact, which all should know, that one of the conditions of this fracture, on which depends mainly the chance of reparation—viz., a certain remaining degree of coaptation, and the presence of certain unbroken shreds of the softer tissues—is such as to forbid a practice justifiable, or even necessary for diagnosis, in other fractures —namely, that of seeking for what is termed crepitus, inasmuch as the act of doing so may displace the fragments and tear asunder the only remaining elements of future union, thereby taking away all chance of reparation. Want of due attention to this point may have been one of the causes of such infrequency of union in former times. Here, again, justice and candor compel me to introduce the name of certain of my countrymen; for it is a fact, that to Dublin is mainly due our knowledge of these important facts regarding fractures of the neck of the thigh bone, as the writings of the late much-honored Professor Colles, and of my friends, Dr. Adams and Dr. Smith, bear evidence. Besides, our museums abound in reunited fractures of this kind; some of them without, others within, the capsule: sufficient, truly, to justify the promulgation of the principles and practice to which I have adverted, and to serve at once as the evidence and the basis of a new fact in surgery.

Some most important considerations have lately been brought before the profession by M. Amussat, of Paris, in reference to the establishment, by operation, of an *artificial anus* in certain cases of total obstruction of the bowels. The operation consists in making an opening through the abdominal parietes into the ascending or descending colon: and the cases in which it may be required are—first, some extreme varieties of imperforate anus in infants; and secondly, cases of invincible constipation from mechanical obstruction of the great intestine. Obstructions of a non-malignant nature, involving danger to life, may, by a counter-opening of this kind, letting loose the pent-up excretions, have their fatal

tendencies counteracted; and, even in cancerous obstructions of the bowel, a new anus may, in the same way, soothe pain and prolong life. Such an operation might, in cases of this nature, be sometimes undertaken with as much reason, and in promise of as much good as some which are performed for strangulated abdominal hernia. Forty-three operations of this kind are recorded as having been performed: eighteen on adults, and twenty-five on infants, and out of these, I may state, as showing at least that the operation is practicable, and to a certain extent safe, that one patient, a girl, two days old, operated on for artificial anus, by making an opening in the sigmoid flexure of the colon, was alive and well at nineteen years of age; another, a boy, two days old, operated on in the same manner, and in the same part, lived to between sixty and seventy years of age; and a third, a woman, in whom the operation was performed on the descending colon at the age of forty-four, was alive seventeen years subsequently. The history of the operation is very interesting. About 1710, M. Littré recommended the opening of the sigmoid flexure of the colon for imperforate anus. In 1776, M. Pillore made an artificial opening into the cæcum, in an adult whose rectum was obstructed by a cancerous tumor. And in 1793, the individual whom I have above alluded to as having lived to old age, was operated on by MM, Duret, Dubois, Dessault, and Dupuytren, and others have tried the operation with various degrees of success, but it is to M. Amussat—who has investigated the subject in a scientific manner, and tested the practicability and value of it by at least ten operations, as well on adults as on children—that we are indebted for the encouraging prospects which it at present holds out. The alternative of an artificial anus—an opening, in an unwonted and inconvenient situation, for the discharge of the excrement, is indeed a sad one, but, such as it is, it stands as one of the many illustrations of the increasing power of our art to smooth the pillow of sickness, or even to avert the stroke of death, when all other earthly aids have failed.

There is no operation, either in ancient or modern surgery, to be compared with that for the removal of *diseased ovaria*—an operation of very recent introduction, and one which, when the extent and depth of the incisions, and the importance of the parts exposed in it are considered, makes one shudder at the mere thought of it. Think, for a moment, of an operation in which the abdomen of a female, from top to bottom is laid open by the knife—a great tumor, perhaps the size of the head, turned out for removal, and the delicate vi-

tal organs of the cavity exposed to the unwonted air, or the intrusive hand; think of all this, and then you can form some estimate of the operation termed *ovariotomy.* Yet, strange to say, this operation has been performed seventy-four times; and, stranger still, nearly one half of the patients have recovered. The question is yet to be decided, whether such an operation is at all justifiable—viz., whether, on the whole, more good or evil is likely to follow its introduction into general practice. But the grand question is settled—we have the facts before us—that the human frame is abundantly capable of sustaining, and even of recovering perfectly from the effects of it. The great impediment to the settlement of the question of propriety is, the difficulty of determining, beforehand, the fit, from the unfit cases: of determining those in which the tumor is insulated and movable in the cavity, from those in which it has contracted adhesions to the parts around: as in the former, the tumor admits of being turned out with facility, and rapid convalescence follows the operation: whereas in the latter, the surgeon, afrer having opened the abdomen, is obliged to desist in the midst of a terrible operation, leaving the unfortunate patient sadly the worse for his interference.

Diagnosis, then, is here the great desideratum. When our tact, in this respect, becomes so perfect that we can single out those cases which are not adherent, inside, from those which are so; and, still farther, when there shall cease to be any grounds of fallacy as regards the presence or absence of such a tumor—for it is a strange fact, that the operation of ovariotomy has been more than once performed when there was no tumor at all to be found, upon the abdomen being laid open—when those points are settled, then, indeed, may this operation take a place, not only among the most remarkable, but also among the most valuable of the modern improvements in surgery,

In the wide field embraced under the term *urinary diseases*, most striking and important improvements have been, of late, effected; perhaps to no other class has there been so felicitious an application of the twin sciences of chemistry and histology.

The due discharge of the functions of the kidneys is essential to the general well-being of the frame. The slightest inefficiency in this respect is felt injuriously somewhere, while serious lesion is fatal. And, on the other hand, changes in the health at large invariably disturb, in a palpable manner, the functions of the kidneys. These organs are then. truly, the barometers of the health, the urine representing, with the

greatest delicacy, the quicksilver—only requiring a chemical and microscopic eye for the detection of its degrees and kinds of pathological changes.

The examples of derangements of the kidney producing general derangement of health, are numerous, and in all such it is chiefly by an examination of the urine that the nature of the lesion is to be ascertained. This is wherein the novelty lies. Persons have been long and lingeringly ill, and incapacitated from the ordinary duties of life. They have had dropsies, shiverings, convulsions, or even madness; and sometimes all these ailments together. They have been attended by the most skilful physicians, and they have died. Nevertheless, neither during lifetime, nor *post-mortem*, was the nature of their malady known. They have been reported as having died of cerebral or liver disease, or simply of dropsy, & no doubt they were treated during life with a view to the cure of such suppositious affections. Hundreds, in all ages, have pined away thus; and yet it is only within the last ten or fifteen years that a full and satisfactory solution of the riddle has been made out. It was reserved for the genius and perseverance of Bright to trace these protracted conditions of illness, and those unstayed and melancholy deaths to their true source—viz., slow, insidious, and often almost unappreciable degeneration of the kidneys, now well known as the *morbus Brightii*. This disease, although in itself but little striking—and therefore so long passed over unobserved—is, nevertheless, sufficiently decided to spoil the secretion of the kidney, and send one of its most noxious excretions—the urea—which should be discharged with the urine, back through the frame, poisoning the springs of life at their source, and thereby agitating or paralyzing every vital function.

The pathological condition of the kidney, characteristic of such cases, is now well known and established; but what is the evidence during life of its presence? What is the outward test of its existence at that period when a knowledge of it is most beneficial—viz, while it is still curable? The test is a chemical one—namely, the precipitation of albumen from the urine by nitric acid or by heat; and on this fact, simple as it may appear, so much stress is now laid, that a person with a permanently albuminous state of his urine is scarcely considered an eligible life for insurance, and, still more, such a person, it is well known, has a bad chance of recovery, if unfortunately he should happen to become the subject of any severe accident or operation.

There are various deposits or sediments found in the urine,

the results and the evidences of certain corresponding diseases, and the exact nature of which—often a matter of great moment in diagnosis—can only be determined by the aid of the *microscope.* Such are globules of blood, of pus, or of mucus, or more especially crystals of salts, every variety of which is charactered by a special and definite form [showing a diagram], and the ascertaining of which determines with certainty the nature of the disease present. A case which I met with lately will illustrate this point. A medical gentleman asked my advice under the followiug circumstances:—He had gone to bed the night before in his ordinary health, but awoke in the middle of the night with excruciating pain in his right side, deep in the abdomen, and shooting down into the thigh. The pain had lasted two or three hours, and then subsided, leaving a sense of numbness in its place. He had little other complaint to offer. Suspecting from the symptoms the presence of a stone in the kidney or ureter, I subjected the urine to a microscopic examination, when two different objects, each of great value towards the diagnosis, presented themselves to my view—one scattered globules of blood, the other crystals of the oxalate of lime, those beautiful octahedral crystals discovered lately by Dr. Golding Bird. The latter I regarded as evidences of the oxalic acid diathesis, and of the existence of a stone somewhere; the former I looked upon as proving that stone to have been in motion, and in its transit from one place to another, to have torn the surface of the lining membrane. Such were my inferences from those microscopic data; and on them I founded the opinion which I gave, and the treatment which I recommended. I said to my patient, that perhaps, without any further pain, but most likely, after a few more such stings as he had before experienced, he would probably void a small stone, which, in such event, would certainly be of the oxalate of lime or mulberry kind. Of course I directed what I considered appropriate treatment in the meantime. On the fifth day thereafter, this gentleman again called upon me. He told me, that on the third night succeeding to that on which he had been first unwell, he experienced a similar violent attack, but that it went off rather suddenly and unexpectedly, when he became entirety free from pain. He handed me this calculus [showing one,] which he said he had passed with his water the morning after. It is a true mulberry, and of such a roughened and spiculated charac- r. that blood (and it was that which the microscope detected) must have been inevitably drawn, by its forced passage along the narrow tube of the ureter. Here, the microscope not on-

ly ascertained the actual presence of a stone, but by determining its nature and composition indicated the treatment applicable to the removal of the diathesis which generated it, and the consequent prevention of the growth of such another—an accuracy and value of diagnosis unattainable, I believe by any other known means.

Lithotomy, invented for the relief of pains more cruel, according to the expression of Lomius, than any left for mankind in the box of Pandora, is one of those operations the longest known. Æsculapius practised it; but Hippocrates made his disciples swear that they would not perform it, no one knows why, but most probably because he thought it too difficult for them. Physicians say because he was a physician. By the way, I may be here permitted to observe, touching the relative rank of surgery and physic, that—as far, at least, as regards primogeniture—the latter must give way to the former, as Æsculapius, the God of Surgery, lived upwards of seven hundred years before the time of Hippocrates, the acknowledged deity of medicine. The history of this operation, of the different modes of performing it, of the innumerable instruments invented for it, and of the rivalry among its practitioners in different ages and countries, is exceedingly curious and interesting, but is a subject unsuited for the present occasion.

Lithotrity, on the other hand, is an operation so completely of our own days, that few of the latest dictionaries in surgery do more than mention its name. It has sprung, phœnix-like, into perfection, and stands now forth triumphant over disease. The operation of lithotomy has always, hitherto, ranked as the chef d'œuvre of surgery; lithotrity, where it suits, takes from it the palm. A monk of the name of Citeau, and a Major Martin, broke down calculi in their own bladders—the first, by means of a tube, or canula, and a steel rod, on which he struck with a hammer, as a statuary strikes his chisel; the second, by means of a file, introduced likewise through a canula; and the stones thus broken down were discharged, piecemeal, with the urine. These two operations, performed long ago, at the dictation of painful suffering and ingenuity, are the prototypes of the *hammer* of Heurteloup, and the drill of Civiale, the inventors and the practitioners of which are still the living ornaments of this age of improvement. The talents of my friend, Mr. Francis L'Estrange, displayed themselves in some ingenious and highly important improvements in the brisépierre, or crushing lithotrite. [Here Dr. Houston exhibited several of the most remarkable instruments, both

for lithotomy and lithotrity, and also a very ingenious one, which he said was invented by Leonard Trant, Esq., for removal of calculi from the urethra.]

While speaking of the services rendered to surgery by others, I may be permitted to mention at least one or two of those which it has been my own good fortune to contribute. The term *intestinum rectum*, as applied to the lower bowel, I have shown to be a misnomer, leading to incorrect notions regarding its form, and giving rise to most serious errors both in the diagnosis and treatment of some of its diseases. I have demonstrated, in a manner to have satisfied the best anatomists, that the cavity of the rectum, so far from being straight, is formed into several lodges, by projections from its inner walls of very considerable breadth and thickness. These projections I have proved to be of such a nature, as not only to obstruct the passage of bougies introduced with a view of sounding the canal, but to be themselves liable to be mistaken for strictures of the bowel. [For a plate of them, see 'Dublin Hospital Reports' vol. 5.] And this is no supposititious case, for in what other light than a mistake can we regard the printed statements of one of the most approved authors on diseases of the rectum, when he gravely tells us that "more than once has he known the mother and daughters, the father and sons, to be subject to this disease," the fact all the while being that stricture of the rectum is in reality, so rare an affection, that not more than half a dozen examples of it can be found in all the museums in Dublin; and that such a catastrophe as that of thrusting the rude bougie through one of these valves, in mistake for stricture, has in reality occurred, I could, if necessary, give several melancholy proofs. But I believe that such malpractices are greatly on the wane; as an exposition of the true form and disposition of the rectum has not only led to greater accuracy of diagnosis on the part of the qualified practitioner, but has cowed down the empiric, and taken away his best excuse for persistence in his half-ignorant, half-knavish impositions.

As a remedy for internal bleeding hemorrhoids (*vascular tumors of the rectum*], I believe that in recommending the application of the strong *nitric acid* I have rendered a service of no mean amount. Several cases treated in this way may be found in the *Dublin Medical Journal*, and I have permisson from Sir Philip Crampton to give publicity to another such, regarding which he has politely sent me the following note:—

"Dear Houston,—You will be pleased to hear that I operated, about a fortnight since, on Mrs. ——, for the bleeding raspberry excrescence of the rectum, exactly in the manner recommended by you, and that she is now quite well. The disease was of long standing, and her constitution was much reduced by excessive losses of blood. There were three excrescences, each about the size of the thumb-nail; and as they were but slightly raised above the level of the mucous membrane, I considered them to be far better subjects for your operation than for the ligature.

"Faithfully yours,

"Philip Crampton.

"Nov. 12, 1844.

The improvements effected of late years in the diagnosis and treatment of *syphilitic diseases*, are most important and satisfactory. Syphilis, when first introduced into Europe, three hundred and fifty years ago, raged like a pestilence. The world was paralyzed with terror at the mortality which attended it, as, when once it got into a family, the innocent equally with the guilty were in danger of becoming its victims. So great was the terror with which the Parisians regarded the disease, that, by a decree of parliament, dated the 6th of March, 1497, all persons infected with it were ordered, if strangers, to quit the city; if possessed of a home, to shut themselves, up there, so as to be seen by no one; or if citizens, without any fixed place of abode, to repair to St. Germain des-près, where lazar houses were provided for them, and that within twenty-four hours from the date of the order, under penalty of *death*. In the month of September, in the same year, a proclamation was issued by King James the Fourth, in Edinburgh, commanding all persons so affected to repair, before sunset on the next day, to the shore at Leith, where they would find boats provided, ready to transport them to the island of Inch, there to remain until cured; and what was still a harder case, the very surgeons who took charge of such patients were doomed to the same banishment—all equally under penalty of being burned in the cheek with a branding iron. The disease has at the present day lost much of its malignancy, and although some persons die of it such a result is not common. The difference is explained by some on the supposition of the poison being at its highest state of malignancy in its first appearance, and now naturally grown milder. This is probably true in some measure; but it is still more due to the prompt succor afforded to the afflicted, and

to the perfection to which the treatment has been brought; for it is a fact, that wherever the science of medicine is most cultivated, there syphilitic diseases are the least virulent.

Mercury, the great antidote to the poison of syphilis, has undergone remarkable changes in public estimation. It was not the mere discovery of the antidotal properties of this medicine that effected the good, as mercury in ignorant hands is to this day more likely to be prejudical than serviceable in the treatment of syphilis. But it was in virtue of the results arrived at after a pains-taking observation of its effects, for good or evil, that that accurate knowledge has been arrived at which enables us to employ it with so much potency as a remedy. Paracelsus was the first, in his *Magna Chirurgia*, to recommend the systematic use of mercury internally. But from his day, until comparatively lately, practitioners had no fixed principles regarding it to guide them. Some, and that even within my own memory, judged of its efficacy by the quantity of saliva which it caused to flow out of the mouth in a given time—so many pints a day for example; others, by the amount of medicine taken into the system; some, again, failing to distinguish the ill effects of the remedy from the disease itself pressed the medicine to a most prejudicial and dangerous length, thinking that, in the end, the disorder must give way to its specific influence, while, in fact, one disease was only added to another. Others, not discriminating between affections of a simple and those of a specific nature, have dosed equally with an unsparing hand, as well those who had been better without, as those who stood in need of the mercury; and lastly, others, observing such bad effects from this empirical mode of administering it, and which they did not know how to obviate, abandoned the medicine altogether, and had recourse to vegetable remedies in its stead. Combinations of the ill effects of irregular mercurialization with uncured syphilis stand among the most intractable of diseases, and fortunately under the present improved system of treatment, such are seldom now to be witnessed. Here, however, are a few specimens from our museum, of the cranial bones of some unfortunate patients of bygone days, showing the marks of the *corona veneris*, and of some of the other evils in the form of caries, of which I am speaking. In the museum of the College of Surgeons a number of specimens of this kind are stored up, such as certain future museums will never find matches for. These I have described in detail in my published *catalogue* of that collection.

The great superiority of the surgeon of the present day lies in his skill in distinguishing the true syphilis from simple sores, and in applying to it, and to it alone, the appropriate and necessary remedies. A discrimination between syphilis and simple primary sores was rarely, in former days, attempted. All sores in genital regions were treated with suspicion—*in dubiis suspice luem* being the motto—and terrible injury to the health, and injustice to the character, of individuals was frequently the result. But under our present improved state of knowledge, the well-informed surgeon will never commit such errors. Whenever he determines that mercury is necessary, he knows exactly the time for the administration of the remedy, the symptoms which betoken its salutary effects, the length of time that it should be persevered in, and if it disagrees, how to remedy the evil. He can bring out, in short, every beneficial influence of the medicine on the disease with the utmost exactitude, and at the same time, steer his patient in safety past all its quicksands and dangers. This, I say, is one of the many illustrations which I have to offer of the high state of perfection of modern surgery; and I feel proud in adding, that the labours of our distinguished compatriots, Mr. Carmichael, Mr. Colles, Mr. Hewson, and Mr. Wallace, have largely contributed to such a result. I believe I am safe in saying, that to Mr. Carmichael, in particular, mankind owes a larger debt of gratitude than to any other individual, for the turn which his investigations and writings have given to the treatment of venereal diseases, and for the salutary check put by them to that wholesale and indiscriminate abuse of mercury which disgraced the medical practice of the last century.

Still farther, as regards this subject, a new and additional remedy has been of late discovered, of incalculable value; one which, however, although not, perhaps, like the mercury, a genuine antidote, nevertheless harmonizes and dovetails with that medicine in a most beneficial manner—being of service at the moment when the mercury should be stopped; acting kindly and well, sometimes, when the mercury disagrees; and often, when given at the same time and in combination with that medicine, producing its own good effects while promoting those of the mercury. I allude to the *hydriodate of potash*. Bark, and mineral acids, sarsaparilla, &c., are often given at the same time, and act variously in keeping up and improving the other general health while the poison is being neutralized and eliminated from the system. With these remedies in hand, the well-informed practitioner can,

with confidence, promise a safe and satisfactory issue in almost every case. And, after such assurances, if the public continue to place their ailments and their lives in the hands of the mercenary quack—the man to whom all that I have told you, and every thing else on the subject, is unknown—it may truly be said of them, that, in the midst of light, they prefer walking in darkness; that, disregarding the proffered benefits of the accumulated experience of ages, they voluntarily throw themselves back into the condition of danger of those who were banished, by royal ordinances, to desert islands, in company with medical attendants very little better informed than themselves.

A nation's gratitude is due to the medical gentlemen of modern days for the light which their researches have thrown on the subject of *syphilis during intra-uterine life.* It has been discovered that the presence of an occult taint of long-bygone syphilis is prone to be kindled up afresh in the offspring, receiving, as it were, fresh venom, by the new birth, and re-assuming, in the new being, almost all its pristine virulence. Such an infant rarely sees the light of day alive; or, if it do, it is only to propagate to its nurse or others one of the worst forms of syphilis. This is, with a vengeance, visiting the sins of the fathers upon the children. Now, the surgeon has not only traced all this evil to its source, but discovered for it a remedy. And here it may be truly said that his saving hand reaches even to the unborn, staying the course of death, and arresting the spread of evil. A case of this kind, of no uncommon occurrence is the following:—A gentleman marries; he believes himself, and every one else thinks him to be, in the best of health; his virtuous wife is equally so; and every prospect of happiness is open to them. In due time, perhaps prematurely, a child is born, but it is not half thriven; it has the shrivelled skin of old age; it cries continually with a squeaking voice; and is, perhaps, spotted with some eruption. It lingers for a few weeks, or months, pining away daily, instead of adding to its growth, and dies, at last, a miserable object. Well better hopes are entertained for the next time, and the utmost anxiety exists as the period of birth of a second infant approaches, in the hope that *it* may be, unlike the first, perfect and healthy; but such joyous anticipations are again doomed to be blighted, for the infant, when born, worse, perhaps, than its predecesor, may be dead, putrid, and offensive. [Drawings.] Again and again are these disappointed hopes submitted to, and these painful scenes of pre-

mature death enacted, the parents themselves all the while continuing in apparent good health. A medical gentleman, properly informed on such matters, is at length, consulted. He questions the father respecting his past history. He finds, on a special inquiry into the point, that the gentleman, at one time had some venereal affection, but long before his marriage, and under such circumstances that he had supposed himself perfectly cured of it. But the acknowledgment is sufficient to confirm his attendant in a well-grounded suspicion that syphilis is at the root of the evil; and full of the confidence which learning and past experience gives, he administers, at the proper time, and with care and judgment, the appropriate remedies to both the parents, who now both require them; after which, the succeeding offspring are delivered into the world, full-grown and healthy—sources of great joy to their parents, and living evidences of the improved state of modern surgery;—I say modern surgery, because the discovery of the connexion of such mortality in new-born infants with syphilis, together with the propper application of the remedy, almost dates within the limits of the last half-century. The "Treatise on Syphilis," by Dr. Colles, contains a chapter on this subject, full of observations of high import and originality.

Gentlemen,—time will not permit me to speak of several other facts which it was my intention to have introduced to your notice—especially some brought to light by the microscope, and which promise to be of great value in practice; such, for example, as the curious and interesting discovery of Mr. Liston as to the presence of spermatozoa in the fluid of some hydroceles: that of M. Gruby, and Dr. Hughes Bennett, regarding the vegetable parasitical nature of certain cutaneous eruptions; and, above all, the novel and important lights shed on the pathology of cancer by the histological researches of Valentin, Gluge, and Müller. I trust, however, that what I have said may be sufficient for the object aimed at in this lecture—namely, that of apprising you of the extent, importance, and difficulty of the profession in which you are embarked, and of inciting you to the necessary energy in its prosecution.—*London Lancet.*

Unusual form of Intus-Susceptio of the Colon.—Dr. Harrison said he would briefly detail to the society the particulars of a very unusual case: he had himself never met a similar one, nor had any of the authorities alluded to an exactly par-

allel occurrence. Some time since, Dr. Gason of Enniskerry, a gentleman extremely well informed in his profession, had sent the patient to him, who was then much emaciated, and with a countenance expressive of great suffering and distress, such as is observed in internal malignant disease. Vomiting was so incessant that the patient could hardly speak. On examination, a tumor, about the size of an orange, was found near the umbilicus, between it and the ribs of the left side; it could be moved up and down, and was free from pain at times, except on pressure. He was much in doubt about the nature of this tumor, but formed a conjecture that it was a malignant growth from the omentum between the colon and stomach. He saw that it could not be an aneurism, and its situation was too low to induce him to suppose the disease was connected with either the liver, spleen or stomach. He would not enter into a detail of the various remedies employed, all of which completely failed to give the slightest relief. The poor man was at times very free from suffering, but at other times he would scream out and say—"Kill me or cut me open!" The only medicine that at all benefitted him was opium, which he continued to take till his death. On examination of the abdomen after death, very little appearance of disease presented itself at first. There was no general inflammation of the peritoneum or of the omentum; but on raising up the latter structure, and examining the colon, an intus-susception of this intestine was seen to have taken place, the descending portion of it being carried up to the transverse arch, probably for an extent of three or four inches. The transverse arch being laid open, Doctor Harrison exhibited the lower portion of intestine lying in the upper, with its orifice resembling an os uteri projecting into a dilated vagina; this contracted appearance of the orifice might, he thought, in some degree, account for the violence of the pain that had been suffered. The intus-suscepted portion of the intestine was found in an ulcerated condition, accounting for the unhealthy discharge that had existed during life. Here was a very remarkable form of intus-susception totally unlike those usually seen. When Hunter, in speaking of the affection, observes that such an occurrence is possible, he talks of the two species of the disease—the one progressive, in which the invagination may go on increasing from above downwards—the other, the retrograde form, the lower portion of the tube being received into the upper, as in the case under consideration, however, he gives no examples of this occurrence. Sir Everard Home mentions one case of retrograde species in the small intestines—a point in

which the present case possessed additional interest, for the intus-susception was here situated in the colon, while the small intestines or the cœcum are the parts usually involved. Cruveilhier had never met with this form of the disease, and gives no plate representing the affection. Various opinions respecting the nature of the case were entertained, not one who saw it having diagnosed it, except indeed Dr. Law, who, when he first examined the patient, at once observed that he knew of nothing it resembled so strongly as intus-susception. For himself, he must confess he had not for a moment formed such an opinion. No remedy is known for the disease; the boasted one of the ancients—metallic mercury—being found to be as inefficacious as the rest; purgatives given by the mouth can effect nothing; Hunter says they generally do more harm than good; he concieves that violent vomiting might reverse the peristaltic action, but he (Dr. Harrison) believed very little reliance could be placed on any aid of a mechanical nature. With the exhibition of opium and perfect quiet, it might be hoped that an adhesion would take place between the opposed serous surfaces of the intestine, and the internal cylinder, by this means gradually discharged by the anus; for many cases have been observed in which so many as two or three feet of intestine had come away. The present case, in which no hope of a favorable issue could be at all calculated on, might (had a diagnosis of its true nature been made) have been a good one for the lumbar operation. Had an opening been made in the right lumbar colon, a little above the cœcum, it might reasonably be expected that he would have survived. With regard to the operation of opening the colon in the lumbar region, it appeared to him, judging anatomically, that the right ought to be chosen in preference to the left portion of it, which latter was the one hitherto selected. The right division would be found to be least covered by peritoneum, and to have much less mesocolon, and on making examinations of both portions he had found the right colon generally deficient of peritoneum on its posterior aspect. He thought this case would be interesting to the society for many reasons—the length of time the patient had endured it, upwards of two months, its being an instance of the retrograde species, the impossibility of diagnosing it, and its relation to the very interesting subject lately under discussion.

Dr. O'Beirne begged to trouble the society with one or two observations on the subject of intus-susception, respecting which he had an opportunity of arriving at some facts of

which he had as yet said nothing. He had observed (and he wished to know if Dr. H. had made a similar remark in his case,) that in cases of intus-susception, whether progressive or retrogressive, that had come under his observation, the intestine above the intus-suscepted portion was considerably dilated, while the part below it was much contracted, and that the sigmoid flexure of the colon, instead of lying in the iliac region, lay in the pelvis, doubled over the rectum, and to its left side. On passing the tube in these cases, with a view of relieving the bowels, the instrument, instead of passing upwards, followed the course of the sigmoid flexure into the pelvis, and on passing the finger into the rectum, by the side of the tube, a considerable portion of its upper extremity was felt to the left, and with a double of intestine intervening. From this state of the intestine nothing could be gained in cases of intus-susception from the introduction of the tube per anum; but, in recent cases particularly, the most decided advantage must, he thought, result from the introduction of a tube into the stomach, and leaving it there until the flatus distending the upper portion of the intestine, had escaped, and in this way enabling the invaginated portion to liberate itself. He would state, however, that since he had adopted this opinion, he had no opportunity of verifying it by practice. He would conclude by observing that the occurrence of the tube turning back, and passing into the pelvis, is not confined to cases of intus-susception, but also occurs in cases of internal strangulation from newly-formed internal bands. In a case, therefore, where no tumor exists, as in intus-susception, we might fairly diagnose the existence of internal bands, and on referring to some of the early numbers of the *Medical Press*, it would be found that he (Dr. O'B.) confidently foretold their existence in at least two instances.

Dr. H. Kennedy obvserved that having seen this interesting case, it did not appear to him one which at any time called for an operation; and for the simple reason, that at no period was there any positive obstruction of the bowels. They were, indeed, slow, but acted every second, if not every day. The vomiting, too, which was at first obstinate, abated much during his stay in the hospital, so much so, that four, and even five days passed without any. Besides all this, the case lasted nearly three months—a state of things not to be reconciled with obstruction of the bowels. Before sitting down, he wished to mention one hint in the treatment of such cases, and which he believed he had seen in one of the volumes of Guy's Hospital Reports. It

consisted in throwing air into the rectum in such qnantitities as to cause the intestine to unfold itself, as it were.—*Dublin Med. Press.*

Fumes of Nitrate of Potass in Spasmodic Asthma. By James Bower Harrison, M. R. C. S., &c. &c.—When attention was first directed to the nature of the atmosphere, and the influence of the different gases on the respiratory organs, much advantage was expected from the application of the discoveries which were made, but in this, as in many other departments of knowledge, the immediate results were not so brilliant as was anticipated. It is probable, however, that medicated pneumatic mixtures will eventually make a considerable accession to our remedial measures.

A friend of mine, who is the subject of spasmodic asthma, having accidentally seen, in a Staffordshire paper, a paragraph recommending the inhalation of the fumes of nitrate of potass as a remedy for that complaint, was induced to make trial of it. He had previously employed various remedies, but with only very partial and temporary relief. The experiment was attended with the most complete succes. He made use of a piece of blotting paper, about the size of his hand, dipped in a saturated solution of the nitrate of potass, and afterwards dried. This was placed on a common plate, and being ignited, the fumes were speedily sensible in the room. He described its operation "as clearing the passages and gradually opening the air tubes." He said that the respiratory murmur became louder and less stridulous, under its continued influence. The effect was always produced in about a quarter of an hour, and though he had used the same remedy nearly twenty times, he had never been disappointed in the result. On one occasion, when it was adopted in a larger room than customary, he did not (as might be expected) experience so beneficial an effect. As I have had many opportunities of ascertaining the urgency and frequency of the asthmatic paroxysms in this gentleman's case, and can place every reliance on the veracity of his statement, I think it may be of advantage to put his case on record, more especially as I imagine the remedy to be as yet but little known, or fairly appreciated. It may be intersting to notice, that another member of the same family is the subject of that curious complaint called the hay asthma, which was originally described by Dr. Bostock.—*London Lancit.*

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QUACKERY.

"Witches and impostors," says Bacon, "have always held a competition with physicians." No profession, trade, or calling, is so infested and overrun by quacks and pretenders as that of medicine. In every conceivable form, under every specious name, in every civilized country, quackery prevails; the people are willing to be deceived, and let them be deceived, is the maxim of the impostor. At no period in our world's history was the spirit of empiricism rife than in this enlightened day. It would seem that men can become intelligent on all subjects but medicine. Concerning everything else they appear capable of reasoning, and can understand that other departments of human knowledge are attaining to higher perfection. They have become persuaded that the lawyer who has studied his profession is a safer counsellor for his reading and experience, and that the blacksmith will shoe a horse better for having learned his trade; but in medicine learning passes with the multitude for nothing. The medical man of the people, like the '*medicine man*' of the Indians, and like Shakspeare's scholar, Dogberry, has his learning from "nature." Study cannot improve him. He is a man of one idea, and one remedy; but that remedy is sovereign, infallible,

a veritable panacea. A thousand such *panaceas* are flaunted daily in the newspapers, and the credulous public read and believe the false promises, deceived every day, but ready after every disappointment to try some ever newer humbug.

We have been led into this train of reflection by a couple of documents which have lately come to us from different quarters. One of these is a pamphlet styled "*A Bomb in the Camp of the Enemy; or an exposure of Quackery and patent medicines,*" by Dr. Epperson, of Tennessee. The other is the second part of the sixth volume of the Transactions of the New York State Medical Society. Both of these publications refer much to the evils under which our profession labors, and especially to the growing evils of quackery.

We have had occasion to notice Dr. Epperson before, as an enlightener of the public on the subject of Human Health. His theme on the present occasion is a kindred one, and he handles it with his accustomed spirit. The following is a specimen of the manner in which he takes off the nostrum-mongers.

"Although these 'wonderful cures' have loudly threatened to annihilate the whole tribe of human maladies wherever they pass, yet we *see* no diminution of disease in their course. Look, for example, at consumption, that impudent '*wind-mill*,' in conflict with which the Don Quixotes of modern quackery have broken many a lance. If one-hundredth part of the professions of patent balsams, and syrups, and lozenges, etc., were half true, this naughty disease would not dare to show its head, for the war of extermination waged against it. But what is the fact? It not only exists, but is increasing the number of its victims. Not only so, but it presumes to 'carry the war into Africa.' For in the cities of New York and Philadelphia, where these terrible consumption-slayers are *forged* and swallowed in immense numbers, the disease is perhaps *more* fatal than in any other place. Surely then, if these boasted engines of war cannot defend their own cities from the attacks of the enemy, they ought not to be sent abroad to do battle."

But after all, the melancholy question comes up, *cui bono?* What good will all this exposure of quacks and quack medicines do? Few will read you, and yet fewer understand. Your motives will be misconceived; you are writing against patent medicines, will be said, because you wish to sell your own. Our be- that physicians cannot render their profession much ser

vice by such a war against quacks. That "ineffable contempt" of which the author of this spicy pamphlet speaks at its close, is about as effectual as any remedy that can be applied to them.

In New York one of the so-called barriers to quackery has been broken down, and the last volume of Transactions issued by the Medical Society of the State, abounds in reflections on the condition and prospects of the profession in that great commonwealth. The Legislature has repealed the law requiring certain qualifications in the candidate for medical practice, "and the learned and the ignorant, the physician and the empiric now enter the arena even-handed to compete for the public favor." Such is the statement of the case, and at first sight the condition of things would strike one as rather forbidding; but the medical men who have written concerning it do not regard it as inauspicious. The law, they contend, had outlived its usefulness, and become a dead letter; its repeal, therefore, is not a source of regret with the profession. But some of them feel aggrieved by the course of a certain small gentleman, of the name of Scott, who, "dressed in a little brief authority," has availed himself of the privileges of his place to rail against a profession, of which it is presumed he is as ignorant, as he is of the common courtesies of life. Dr. Cook takes him sharply to task for his indecent attack, and holds him up to the scorn of all enlightened men. Forgetting the high station which it was the misfortune of the State that he should occupy, he seems to have "supposed himself pettifogging the case of some Homœopath or Thompsonian, in which the magnitude of the fee depended upon the extent to which he outraged truth." In this manner Dr. C. speaks of this legislator while proceeding to reply to his slanders.

Our brethren of the Empire State are making a noble effort in behalf of the profession. Their activity and zeal, as manifested in this volume of their Transactions, are worthy of the cause in which they are enlisted. They have a correct conception of the mode of suppressing quackery, which is to improve medical education, and give increased certainty to medical practice. Y.

TYPHOID FEVER IN MISSOURI.

In a letter to the editors, dated June 2d, Dr. Z. T. Robards, of Grand Pass, Missouri, mentions the prevalence of a fatal fever in his neighborhood during the past winter. Some of the facts communicated will be found interesting. He says:—

"It may not be improper to remark that a typhoid fever prevailed in the vicinity of Jefferson City during the last winter, which has proved unusually fatal. The characteristic symptoms are those of typhus gravior; the patient appears much in the condition of one intoxicated from ardent spirits even from the beginning. The patients complained of acute pain at the junction of the occiput and atlas, which was much increased upon the slightest rotation of the head from side to side. In a *post-mortem* examination which I witnessed, there was matter found at the base of the brain, and commencement of the spinal column, beneath the tunica arachnoides. There were likewise symptoms of inflammation in the serous tissues of the abdomen generally. In this disease the pulse fails upon withdrawing the smallest amount of blood. My only object in mentioning this fact is to ascertain if any analogy exists between this and the epidemic reported to be prevailing in your vicinity. Some of the cases were attended with severe diurnal rigors, or chills, and terminated fatally on the third day of the attack. I have been informed that they presented the same appearances on *post-mortem* examination which have been mentioned."

Dr. R. alludes to Erysipelas, of the prevalence of which in this city he speaks of having heard. No epidemic erysipelas has prevailed in Louisville. Cases have appeared occasionally in private practice, and at one time in the spring surgical operations were pretty sure of being followed by erysipelatous inflammation, but the disease has never been general in this place. For nearly two years a strong predisposition to it has existed among the patients of the Marine Hospital, and so great at present does it appear to be, that it has been deemed advisable by the Hospital Committee to direct that the subjects of this complaint be taken to the Pest house. The health of the city is good. Y.

LOUISVILLE SUMMER SCHOOL OF MEDICINE.

The Spring term of the Louisville Summer School of Medicine has just closed, and the Fall term will commence on the first Monday in September. A number of Students have arrived in the city in the last month, and many more will come in before the opening of the course in the autumn. The popularity of the Summer school is increasing; the class this season has been larger than that of the former year, and it is evident that, with due diligence on the part of those engaged in it, this may be rendered a most important source of instruction to students, especially in clinical medicine. The growing population of Louisville, its increasing commerce, and the consequent multiplication of Hospital patients, are circumstances which must give it an annually increased claim upon the attention of students desirous of knowledge in the practical branches of their profession. Y.

DEATH OF PROFESSOR SEWALL.

This eminent physician, and pure philanthropist died at Washington City, on the 10th of May last, in the fifty-ninth year of his age. Dr. S. was connected with many of the benevolent enterprises of the day, and had a reputation, wide as his country, for zeal in sustaining every cause by which human happiness may be promoted. His death is a loss, not only to his profession, but to the public at large. We copy from the Medical Examiner the following brief notice of his life:

"Dr. Sewall was a native of Augusta, in the State of Maine. He graduated at the Medical School of Boston, and about the year 1820 removed to the City of Washington, where his talents and acquirements, with an upright deportment and great urbanity of manners, soon procured for him the respect and patronage of a large portion of the inhabitants. He was appointed Professor of Anatomy in the Medical School of that place on its first organization, and continued to discharge the duties of the Chair, with distinguished ability, until the time of his death." Y.

PRIZE ESSAY.

A premium of $50 is offered by the Medical Society of Tennessee for the best essay on *Scrofula*, under the following regulations:

"The essays must be transmitted to Dr. Felix Robertson, Nashville, Tennessee, (post-paid) on or before the first Monday in March, 1846.

"Each essay must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be endorsed the author's name and place of residence. The same device or sentence shall be written on the dissertation to which it is attached.

"All unsuccessful essays are to be deposited with the Corresponding Secretary, from whom they may be obtained, if called for within one year after they have been received.

"The President appointed the following members a committee to award the prize—a majority of whom were empowered to act, viz: Drs. Felix Robertson, John Waters, T. R. Jennings, John R. Wilson, and A. H. Buchanan."

We hope this offer will bring out some good papers on this highly interesting subject. Scrofula, in the form of Cachexia Africana, is the most destructive disease to which one portion of our population, the colored people, are obnoxious, not unfrequently cutting down whole families. We have known the parents, and all the children to die of it in some instances, within a few years; and in one family, in Tennessee, seventeen negroes all closely related, died of this complaint in a single year. It is held by physicians to be one of the most intractable of diseases. The Medical Society of Tennessee will deserve well of the world, if it shall elicit light concerning the nature and cure of such a malady. Y.

MEDICAL SOCIETY OF TENNESSEE.

We are indebted to the politeness of our friends for two copies of the Proceedings of the Medical Society of Tennessee. From the published report we gather a few items not communicated to us in the letter, the substance of which we gave in our last number. We copy the most interesting.

Dr. Manlove read the history of "a case of Gastrotomy, which was resorted to for the relief of obstruction in the bowels, termina-

ting in Artificial Anus, which eventually healed without a surgical operation. He also presented the patient for the examination of the members of the Society." This case will appear in the Boston Medical and Surgical Journal, from which we shall take pleasure in copying it.

Dr. Irwin reported a case of "lodgment of a river pebble in the bowels, attended with very severe symptoms, which subsided by its discharge through the natural passage."

The Mesmeric committee, appointed at the last meeting of the Society, were not able to make a satisfactory report, and asked for time to continue their investigations. It appears that the great hindrance was "the *scarcity of patients*, and the *difficulty of procuring them.*" It is insuperable, we apprehend.

The Museum, commenced a few years ago in connection with the Society, does not grow as it ought. Members are negligent about sending specimens of morbid anatomy. Few preparations, according to the committee, were received during the last year.

Again, as we have so often done, we wish this Society long life and abundant prosperity. Y.

PROFESSOR DICKSON ON THE INTERMARRIAGE OF THE RACES.

We have received from the accomplished author, Professor Dickson, of Charleston, a pamphlet in which this subject is ably discussed. It is chiefly in reply to a letter from the eminent physiologist, Dr. Carpenter, of England, maintaing that the barriers between the African and Caucasian races are not impassable, and that the former, in time, may be raised to an equality with the latter. Dr. Dickson insists that the intercourse, by which it is proposed to effect this improvement in the African race, would end in introducing a mongrel breed, superior indeed to the negro, but vastly inferior to the whites; and in this way, although one family of the species would be raised on the scale of humanity, the entire race would be degraded. He makes a strong argument, and adduces facts which must puzzle his adversaries.

Dr. C. believes, with Dr. Nott, that the mulatto is incapable of "keeping up his number," but must decay and disappear. We thought Dr. Forry's refutation of this doctrine was triumphant; but

Dr. D. is persuaded that time will establish its correctness. He has no doubt of the comparative infertility of mulattoes, or of the inferior average duration of life among them. Statistics must decide the question; and so far as they have been collected Forry showed that they favored the contrary opinion.

Dr. Dickson refers to Mexico and Egypt as affording illustrations of the effects of crossing the breeds. In the former it is said to be hard to find "a white under twenty years of age of unmixed descent," the difficulty being to decide upon the proportion in each of the old Spaniard, the Morisco, the Indian and the Negro. The Doctor thinks "we would scarcely select the Mexican as a choice specimen of humanity." He is right. Of the ancient land of civilization and the arts, he says:

"In regard to Egypt, the influx of negroes is estimated at 3,000 a year—anciently by Arrian, recently by Madden—Morton calculates the number introduced within 3,500 years at more than 10,000,000. Clot Bey states the present negro population at 20,000: adding, that negresses form the greater number of women in every harem.

"Thus we account at once for the degeneracy of the modern compared with the ancient Egyptian—and for the progressive depopulation of that fertile and once densely peopled and highly civilized country." Y.

BLOODLESS AMPUTATIONS.

Our friend, Dr. Mosby, proposes to save the subjects of amputations from loss of blood, occasionally a very disastrous circumstance in exhausted individuals, by the following method, which he lately communicated to us, and requests us to submit to the profession. First, he would apply a roller bandage to the limb, so as to force the blood as much as possible out of it, and then, by means of a tournequet, cut off the ingress of blood by the arteries, slackening the instrument after the amputation sufficiently to find the vessels that might bleed.

Our worthy friend has made some ingenious suggestions to us in relation to the treatment of hemorrhoidal tumors, which we will communicate in a future number of the Journal. Y.